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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) 591 REDWOOD HWY., #4000 ADDRESS (number and street) Check if different than previously MILL VALLEY CA 94941 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00384362 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2008 04 30 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. JASON D. KAUNE Type or Print Name of Treasurer Electronically Filed by JASON D. KAUNE 05 19 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) <sup>®</sup> D " D 0.4 0 1 2008 0.4 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 302728.78 January 1 (b) Cash on Hand at 284572.66 Begining of Reporting Period ..... 42043.97 198687.20 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 326616.63 501415.98 6(a) and 6(c) for Column B) ..... 34067.15 208866.50 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 292549.48 292549.48 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 1919.23 Schedule C and/or Schedule D) ..... 07 2006 CA This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

| Report Covering the Period: From:   | 01 Y Y W Y Y Y Y Y                        | Fo: 04 30 77 77 8 |  |  |
|---|---|-------------------|--|--|
| I. Receipts   | I. Receipts COLUMN A<br>Total This Period |                   |  |  |
| 11. Contributions (other than loans) From:  (a) Individuals/Persons Other       |   |                   |  |  |
| Than Political Committees (i) Itemized (use Schedule A)                         | 39506.93                                  | 128711.61         |  |  |
| (ii) Unitemized   | 2430.54                                   | 69573.06          |  |  |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)                                     | 41937.47                                  | 198284.67         |  |  |
| (b) Political Party Committees  | 0.00                                      | 0.00              |  |  |
| (c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines | 0.00                                      | 0.00              |  |  |
| 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)                       | 41937.47                                  | 198284.67         |  |  |
| Transfers From Affiliated/Other     Party Committees                            | 0.00                                      | 0.00              |  |  |
| 3. All Loans Received   | 0.00                                      | 0.00              |  |  |
| Loan Repayments Received      Offsets To Operating Expenditures                 | 0.00                                      | 0.00              |  |  |
| (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)                      | 0.00                                      | 0.00              |  |  |
| to Federal candidates and Other Political Committees                            | 0.00                                      | 0.00              |  |  |
| 7. Other Federal Receipts (Dividends, Interest, etc.)                           | 106.50                                    | 402.53            |  |  |
| Transfers from Non-Federal and Levin Funds     (a) Non-Federal Account          |   |                   |  |  |
| (from Schedule H3)  | 0.00                                      | 0.00              |  |  |
| (b) Levin Funds (from Schedule H5)  | 0.00                                      | 0.00              |  |  |
| (c) Total Transfer (add 18(a) and 18(b)).                                       | 0.00                                      | 0.00              |  |  |
| 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))          | 42043.97                                  | 198687.20         |  |  |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)                   | 42043.97                                  | 198687.20         |  |  |

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| . Operating Expenditures:  (a) Shared Federal/Non-Federal                             |                               |                                   |
| Activity (from Schedule H4)   | 0.00                          | 0.00                              |
| (i) Federal Share   | 0.00                          | 0.00                              |
| (ii) Non-Federal Share  | 0.00                          | 0.00                              |
| (b) Other Federal Operating   | 1317.15                       | 7066.50                           |
| Expenditures(c) Total Operating Expenditures  |                               |                                   |
| (add 21(a)(i), (a)(ii) and (b))   | 1317.15                       | 7066.50                           |
| Transfers to Affiliated/Other Party Committees  | 0.00                          | 0.00                              |
| Contributions to Federal Candidates/Committees  | 21222                         | 101500.00                         |
| and Other Political Committees  | 21000.00                      | 131500.00                         |
| (use Schedule E)  | 0.00                          | 0.00                              |
| Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00                          | 0.00                              |
| Loan Repayments Made  | 0.00                          | 0.00                              |
|   | 0.00                          | 0.00                              |
| Loans Made  Refunds of Contributions To:  | 0.00                          | 0.00                              |
| (a) Individuals/Persons Other Than Political Committees                               | 0.00                          | 0.00                              |
| (b) Political Party Committees  | 0.00                          | 0.00                              |
| (c) Other Political Committees<br>(such as PACs)                                      | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds  | 0.00                          | 0.00                              |
| (add Lines 28(a), (b), and (c))   | 0.00                          | 0.00                              |
| Other Disbursements   | 11750.00                      | 70300.00                          |
| Federal Election Activity (2 U.S.C 431(20))   |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)                               |                               |                                   |
| (i) Federal Share   | 0.00                          | 0.00                              |
| (ii) "Levin" Share  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds                        | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add  |                               |                                   |
| Lines 30(a)(i), 30(a)(ii) and 30(b))  | 0.00                          | 0.00                              |
| Total Disbursements (add Lines 21(c), 22,   |                               |                                   |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))  | 34067.15                      | 208866.50                         |
| Total Federal Disbursements   |                               |                                   |
| (subtract Line 21(a)(ii) and Line 30(a)(ii)   | 34067 15                      | 208866 50                         |
| from Line 31)   | 34067.15                      | 208866.5                          |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

|     | III. Net Contributions/Operating<br>Expenditures                        | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|---|-------------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3)         | 41937.47                      | 198284.67                         |
| 34. | Total Contribution Refunds<br>(from Line 28(d))                         | 0.00                          | 0.00                              |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33)    | 41937.47                      | 198284.67                         |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1317.15                       | 7066.50                           |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00                          | 0.00                              |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36)              | 1317.15                       | 7066.50                           |

FE6AN026

|          | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|----------|--|--------------------|---|---|
|          | Any information copied from such Reports and sor for commercial purposes, other than using th  NAME OF COMMITTEE (In Full) | e name and ad      | dress of any political committee to                                     | o solicit contributions from such committee.                                    |
|          | MEDCO HEALTH SOLUTIONS INC.  | POLITICAL          | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO   |                    |   | Date of Receipt   |
|          | Mailing Address 26 DAYLILY DRIVE   |                    |   | 04 05 4 2008  |
|          | City<br>MOUNT LAUREL   | State<br>NJ        | Zip Code  | Transaction ID: INC.A.47015   |
|          | FEC ID number of contributing federal political committee.   | C                  | 08054   | Amount of Each Receipt this Period  15.00                                       |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR HR  | on  |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼<br>255.00  |   |
| В.       | Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 3380 SADDLEBROO                                 | ✓ STREET           |   | Date of Receipt   |
|          | - San Sabblebrook  | NOTHELI            |   | 04 05 2008  |
|          | City<br>LAS VEGAS  | State<br>NV        | Zip Code<br>89141   | Transaction ID: INC.A.46606  Amount of Each Receipt this Period                 |
|          | FEC ID number of contributing federal political committee.   | C                  | 00141   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR PHA | on<br>ARM PRACTICE  |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼<br>425.00  | ]   |
| С.<br>С. | Full Name (Last, First, Middle Initial)<br>MS GWEN BRADY   | Date of Receipt    |   |   |
|          | Mailing Address 219 E. COMO AVENU  | JE                 |   | M M / D D / Y Y Y Y Y Y O S D D D D D D D D D D D D D D D D D D                 |
|          | City<br>COLUMBUS   | State<br>OH        | Zip Code<br>43202   | Transaction ID: INC.A.46688  Amount of Each Receipt this Period                 |
|          | FEC ID number of contributing federal political committee.   | C                  | 1000  | 12.50   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR BUS | on<br>SINESS PLANNING   |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼<br>212.50  |   |
|          | SUBTOTAL of Receipts This Page (optional) .  |                    |   | 52.50   |
| İ        | TOTAL This Period (last page this line numbe   | r only)            |   |   |

|        | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17             |
|--------|---|--------------------------------|---|---|
| ,<br>C | ny information copied from such Reports and<br>r for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any persondress of any political committee to  | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| 2      | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL A                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| ۸.     | Full Name (Last, First, Middle Initial) MR KENNETH DANIELS Mailing Address 2903 CHUKKAR COU                                   | IDT                            |   | Date of Receipt   |
|        | Walling Address 2903 CHURNAR COL  | וחכ                            |   | 04 05 2008  |
|        | City  | State                          | Zip Code  | Transaction ID: INC.A.46832   |
|        | PLANT CITY  | FL                             | 33567   | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|        | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM               | n   |   |
|        | Receipt For:  | Aggregate                      | e Year-to-Date ▼  |   |
|        | Primary General Other (specify) ▼   |                                | 425.00  |   |
|        | Full Name (Last, First, Middle Initial)<br>MS GEORGIA EDDLEMAN  |                                |   | Date of Receipt   |
|        | Mailing Address 908 EDGEMEER LAN  | NE .                           |   | 04 05 2008  |
|        | City  | State                          | Zip Code  | Transaction ID: INC.A.46948   |
|        | SOUTHLAKE   | TX                             | 76092   | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.  | C                              |   | 34.45   |
|        | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM               |   |   |
|        | Receipt For: Primary General  | Aggregate                      | e Year-to-Date ▼  |   |
|        | Other (specify) ▼   |                                | 551.20  |   |
| . –    | Full Name (Last, First, Middle Initial)<br>MR JOSEPH FRENDO   |                                |   | Date of Receipt   |
|        | Mailing Address 9 GREEN HILL TRAIL  | L                              |   | 04 05 7 2008  |
|        | City  | State                          | Zip Code  | Transaction ID: INC.A.46838   |
|        | TROPHY CLUB   | TX                             | 76262   | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.  | C                              |   | 50.00   |
|        | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                                | ONAL SERVICE CENTER   |   |
|        | Receipt For:  | Aggregate                      | e Year-to-Date ▼  |   |
|        | Primary General Other (specify) ▼   |                                | 850.00  |   |
| Г      |   |                                |   | 109.45  |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   | for each cat                                    | te schedule(s)<br>egory of the<br>mmary Page | FOR LINE NUMBER: PAGE 8 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16                               |
|---|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | e name and address of any po                    | litical committee to s                       | for the purpose of soliciting contributions olicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial) MR ROBERT GIBBS Mailing Address 544 DENMOOR COU  City GALLOWAY  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: |   | CE   | Date of Receipt  M M M O 5 2 0 0 8  Transaction ID: INC.A.46646  Amount of Each Receipt this Period  12.50 |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR CHARLES HARMON  Mailing Address 710 BRIDGEBORO S  | T   | 212.50                                       | Date of Receipt  0 4 0 5 2 0 0 8   |
| City RIVERSIDE FEC ID number of contributing federal political committee.   | State Zip Code NJ 08075                         |  | Transaction ID: INC.A.46793  Amount of Each Receipt this Period  100.00                                    |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼   | Occupation SYSTEMS COORD Aggregate Year-to-Date | €600.00                                      |  |
| Full Name (Last, First, Middle Initial) MR RICHARD JONES Mailing Address 12 WADE HAMPTON  | TRAIL   |  | Date of Receipt  0 4 0 5 2 0 0 8   |
| City HENDERSON FEC ID number of contributing  | State Zip Code<br>NV 89052                      | • •  | Transaction ID: INC.A.46898  Amount of Each Receipt this Period  25.00                                     |
| name of Employer MEDCO HEALTH SOLUTIONS   | Occupation<br>VP/GM                             |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date                          | <b>▼</b> 425.00                              |  |
| SUBTOTAL of Receipts This Page (optional) .   |   | ·····  | 137.50   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | )   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 11 |
|---|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC  | the name and add                          | dress of any political committee to                                     | solicit contributions from such committee.                                      |
| Full Name (Last, First, Middle Initial) MR ROSS LUCE Mailing Address 1066 WEST GROVE  City GIBSONIA FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:                                     | State PA  C Occupation VP/GM              | Zip Code<br>15044   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                  |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MRS CATHY PATTEN  Mailing Address 2001 MEADOWS AN  | VENUE                                     | 285.00  | Date of Receipt    M  |
| City  LANTANA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼  | State TX  C  Occupation VP/GM  Aggregate  | Zip Code 76226  n  Year-to-Date ▼  425.00                               | Transaction ID: INC.A.46817  Amount of Each Receipt this Period  25.00          |
| Full Name (Last, First, Middle Initial) MR GILBERT RAINES Mailing Address 800 SANDY TRAIL  City KELLER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State TX  C  Occupation DIR HR  Aggregate | Zip Code 76248  n e Year-to-Date ▼ 425.00                               | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                  |
| SUBTOTAL of Receipts This Page (optional)   | )   |   | 65.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 10 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 1                   |
|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC.  | Statements may not be sold or used by any persename and address of any political committee of POLITICAL ACTION COMMITTEE (a.k. | to solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MRS MONICA REED  Mailing Address 8475 DUNHAM STAT  City TAMPA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: | State Zip Code FL 33647  C  Occupation DIR PHARM PRACTICE  Aggregate Year-to-Date  | Date of Receipt  O 4  O 5  Transaction ID: INC.A.46781  Amount of Each Receipt this Period  25.00 |
| Primary General Other (specify)  Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III Mailing Address 266 BRUSHY CREEK  | 425.00   | Date of Receipt   |
| City<br>LAS VEGAS  | State Zip Code NV 89148  | Transaction ID: INC.A.46800  Amount of Each Receipt this Period                                   |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  | Occupation<br>VP OPS   | 45.00   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 780.00  |   |
| Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE Mailing Address 21625 E. MERIWETH   | HER LANE   | Date of Receipt   |
| City<br>LIBERTY LAKE   | State Zip Code<br>WA 99019   | Transaction ID: INC.A.46828  Amount of Each Receipt this Period                                   |
| FEC ID number of contributing federal political committee.   | C  | 25.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For:   | Occupation VP/GM  Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼  | 425.00   |   |
| SUBTOTAL of Receipts This Page (optional) .  |  | 95.00   |

|             | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|-------------|---|------------------|---|--|
| \<br>\<br>\ | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad      | dress of any political committee to   | solicit contributions from such committee.                                       |
| /           | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL        | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)   |
| A.          | Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT  |                  |   | Date of Receipt  |
|             | Mailing Address 8362 GOLDEN PRAIR   | RIE DRIVE        |   | 04 05 4 2008   |
|             | City<br><u>TAMPA</u>  | State<br>FL      | Zip Code<br>33647   | Transaction ID: INC.A.46718  Amount of Each Receipt this Period                  |
|             | FEC ID number of contributing federal political committee.  | C                |   | 50.00  |
|             | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM | n   |  |
|             | Receipt For: Primary General Other (specify)  |                  | e Year-to-Date ▼<br>850.00  |  |
| —<br>В.     | Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD Mailing Address 7974 FLAMETREE CT                                   |                  |   | Date of Receipt  |
|             |   |                  | 7: 0 1  | 04 05 2008   |
|             | City<br>LAS VEGAS   | State<br>NV      | Zip Code<br>89123   | Transaction ID: INC.A.46791  Amount of Each Receipt this Period                  |
|             | FEC ID number of contributing federal political committee.  | C                | 00.10   | 25.00  |
|             | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM | n   |  |
|             | Receipt For: Primary General Other (specify)  |                  | e Year-to-Date ▼<br>425.00  |  |
| _<br>C.     | Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE   |                  |   | Date of Receipt  |
| <b>.</b>    | Mailing Address 5 APPLE ORCHARD F   | RD               |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                      |
|             | City  | State            | Zip Code  | Transaction ID: INC.A.46812  |
|             | MOORESTOWN FEC ID number of contributing federal political committee.   | C                | 08057   | Amount of Each Receipt this Period  50.00  |
|             | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM | n   |  |
|             | Receipt For: Primary General Other (specify)  |                  | e Year-to-Date ▼<br>850.00  |  |
|             | SUBTOTAL of Receipts This Page (optional)   | 1                |   | 125.00   |
|             | TOTAL This Period (last page this line number   | only)            |   |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 281 (check only one)    X         |
|---|--------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | ne name and add                | lress of any political committee to                                     | o solicit contributions from such committee.                 |
| Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI Mailing Address 6691 DEERVIEW DF  City LOVELAND FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General                      | State OH C Occupation VP/GM    | Year-to-Date ▼  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial)  MS LESLIE ACHTER  Mailing Address 821 ALBEMARLE ST  City  WYCKOFF  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State NJ C Occupation EXEC DII | Zip Code 07481  R ANALYTICAL SVCS Year-to-Date  225.00                  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK Mailing Address 1021 SUNSET RIDG  City BRIDGEWATER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State NJ C Occupation VP PHAF  | Zip Code 08807  RM CONTRACT & CONSUL Year-to-Date  450.00               | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional)   |                                |   | 100.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | <b>(</b>                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 13 / 281   (check only one)                                       |
|--|--------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                       | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) DIANE ADAMS                                      |                                      |   | Date of Receipt   |
| Mailing Address 34 THOMAS ST.  |                                      |   | M M / D D / Y Y Y Y Y Y Y Y 12 12 008   |
| City CALDWELL  | State<br>NJ                          | Zip Code<br>07006   | Transaction ID: INC.A.47011  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                               | C                                    | 07000   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR E                  | n<br>BUSINESS REQUIREMENT:  | <del>-</del><br>S   |
| Receipt For:  Primary  General  Other (specify)  |                                      | Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial) MR STEPHEN ADLER                                 |                                      |   | Date of Receipt   |
| Mailing Address 139 BELLVALE LAN   | KES RD                               |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>WARWICK  | State<br>NY                          | Zip Code<br>10990   | Transaction ID: INC.A.46697  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                               | C                                    | 10330   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP INFO                   | n<br>TECHNOLOGY   |   |
| Receipt For:  Primary General  Other (specify) ▼   | - <del></del>                        | e Year-to-Date ▼ 450.00   |   |
| Full Name (Last, First, Middle Initial) DR JODY ALLEN                                    |                                      |   | Date of Receipt   |
| Mailing Address 3031 MOUNT HILL  | DR                                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>MIDLOTHIAN   | State<br>VA                          | Zip Code<br>23113   | Transaction ID: INC.A.46696  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                               | C                                    | 20110   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP CLIN                   | n<br>ICAL SVCS  |   |
| Receipt For:  Primary General  Other (specify) ▼   | <del>- + +</del>                     | Year-to-Date ▼ 450.00   |   |
| SUBTOTAL of Receipts This Page (optional   | ])                                   |   | 125.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER: PAGE 14 / 281 (check only one)    X                                     |
|---|--------------------------------|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | e name and ad                  | dress of any political committee to  | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial)  MARENE ALLISON  Mailing Address 4405 WISMER ROAD  City  DOYLESTOWN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  | State PA C                     |  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| Receipt For: Primary General Other (specify)  |                                | URITY & ASSET PROTECTION  Per Year-to-Date ▼  450.00   |  |
| Full Name (Last, First, Middle Initial) MR JAMES ALLOCCO Mailing Address 19 ROSS ROAD  City SCARSDALE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  |                                | Zip Code 10583  In Different Technology  Part of the | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| Full Name (Last, First, Middle Initial) TEJWANSH ANAND Mailing Address 10 WHIPPOORWILL  City CHAPPAQUA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State NY  C  Occupatio VP INFO | Zip Code<br>10514  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line numbe   |                                | •  | 150.00   |

| ITEMIZED RECEIPTS  | κ)                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 15 / 281   (check only one)   |
|--|---------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | nd Statements may<br>the name and add | / not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                        | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) DR ROGER ANDERSON                                |                                       |   | Date of Receipt   |
| Mailing Address 833 OXFORD COU   | IRT                                   |   | 0 4 1 2 2 0 0 8   |
| City   | State                                 | Zip Code  | Transaction ID: INC.A.47001   |
| LEWISVILLE FEC ID number of contributing federal political committee.                    | C                                     | 75056   | Amount of Each Receipt this Period  192.30  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP & C                    | n<br>HIEF PHARMACIST  |   |
| Receipt For:  Primary General  Other (specify) ▼   | <del> </del>                          | Year-to-Date ▼ 1730.70  |   |
| Full Name (Last, First, Middle Initial) MS JAYME ANTONOPLOS                              |                                       |   | Date of Receipt   |
| Mailing Address 48 WITTE ROAD  |                                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>HEWITT   | State<br>NJ                           | Zip Code<br>07421   | Transaction ID: INC.A.46831  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C                                     | 07421   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR EXE                    |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                             | Year-to-Date ▼ 225.00   | ]   |
| Full Name (Last, First, Middle Initial) MR DAVID ARCISZEWSKI                             |                                       |   | Date of Receipt   |
| Mailing Address 20 CHADWELL PLA  | ACE                                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>MORRISTOWN   | State<br>NJ                           | Zip Code<br>07960   | Transaction ID: INC.A.46775   |
| FEC ID number of contributing federal political committee.                               | C                                     | 07900   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation ASST CO                    |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                             | Year-to-Date ▼<br>225.00  |   |
| SUBTOTAL of Receipts This Page (optiona  |                                       |   | 242.30  |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 16 / 281 (check only one)    X   11a      |  |  |
|--|--|---|--|--|
| or for commercial purposes, other than u   | ts and Statements may not be sold or used by any pers<br>sing the name and address of any political committee to<br>INC. POLITICAL ACTION COMMITTEE (a.k.: | o solicit contributions from such committee.                    |  |  |
| Full Name (Last, First, Middle Initial) MS CHARLOTTE BABCOCK Mailing Address 2636 SHAKER  City CLEVELAND HEIGHTS                                     | RD State Zip Code OH 44118   | Date of Receipt  O 4  |  |  |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼ | Occupation NATL ACCT EXEC  Aggregate Year-to-Date   225.00   | 25.00   |  |  |
|  | RIK BAGIN ailing Address 73 HIGHLAND AVENUE  |   |  |  |
| City  GLEN RIDGE  FEC ID number of contributing  | State Zip Code<br>NJ 07028   | Transaction ID: INC.A.47010  Amount of Each Receipt this Period |  |  |
| rederal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General Other (specify) ▼                              | Occupation GROUP VP FINANCE  Aggregate Year-to-Date ▼  450.00  | 50.00   |  |  |
| Full Name (Last, First, Middle Initial) MS BECKIE BARATKO Mailing Address 80 N. WOODLA   |  |   |  |  |
| City<br>ENGLEWOOD  | State Zip Code<br>NJ 07631   | Transaction ID: INC.A.46913  Amount of Each Receipt this Period |  |  |
| FEC ID number of contributing federal political committee.   | C  | 35.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP PROPOSAL UNIT  |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 315.00  |   |  |  |
| SUBTOTAL of Receipts This Page (op   | tional)  | 110.00  |  |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17 / 281 (check only one)    X           |
|---|--------------------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. I  | e name and add                 | dress of any political committee to                                     | solicit contributions from such committee.                     |
| Full Name (Last, First, Middle Initial) MR THOMAS BARATTA Mailing Address 69 SKYLINE DR  City UPPER SADDLE RIVER  FEC ID number of contributing   | State<br>NJ                    | Zip Code<br>07458   | Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   | <del>, '</del>                 | TECHNOLOGY Year-to-Date ▼ 450.00  | 50.00  |
| Full Name (Last, First, Middle Initial) MR MICHAEL BARONE Mailing Address 452 MEDWAY RD  City HIGHLAND HEIGHTS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)     |                                | Zip Code 44143  1 ENERAL MGR Year-to-Date ▼                             | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial)  MRS BRENDA BASSETT  Mailing Address 1752 BLACKSTONE [  City  CARROLLTON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State TX  C Occupation VP NATL |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional)   |                                |   | 350.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | ^)                                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 18 / 281   (check only one)   |  |  |
|---|---|---|---|--|--|
| Any information copied from such Reports a or for commercial purposes, other than using | nd Statements may<br>g the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |  |  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                   | C. POLITICAL A                          | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |  |  |
| Full Name (Last, First, Middle Initial) MR DAVID BAUGH                                  |   |   | Date of Receipt   |  |  |
| Mailing Address 1813 ADONIS AVE   | Ξ                                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |
| City  | State                                   | Zip Code  | Transaction ID: INC.A.46966   |  |  |
| HENDERSON FEC ID number of contributing federal political committee.                    | C                                       | 89074   | Amount of Each Receipt this Period  50.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation MGR BE                       | n<br>NEFIT DELIVERY SYSTEM  | <br>s   |  |  |
| Receipt For:  Primary  General  Other (specify) ▼                                       |   | Year-to-Date ▼ 315.00   |   |  |  |
| Full Name (Last, First, Middle Initial) MR PETER BEGANS                                 |   |   | Date of Receipt   |  |  |
| Mailing Address 1605 CHARNITA C   |   |   |   |  |  |
| City<br>VIENNA  | State<br>VA                             | Zip Code<br>22182   | Transaction ID: INC.A.46806  Amount of Each Receipt this Period                             |  |  |
| FEC ID number of contributing federal political committee.                              | C                                       | EE 10E  | 100.00  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP GOV                       | n<br>ERNMENT AFFAIRS  |   |  |  |
| Receipt For:  Primary  General  Other (specify) ▼                                       |   | Year-to-Date ▼ 900.00   |   |  |  |
| Full Name (Last, First, Middle Initial) MR STEPHEN BELL                                 |   |   | Date of Receipt   |  |  |
| Mailing Address 24 GLENWOOD R   | OAD                                     |   | M M / D D / Y Y Y Y Y O N N N N N N N N N N N N N N   |  |  |
| City UPPER SADDLE RIVER   | State<br>NJ                             | Zip Code<br>07458   | Transaction ID: INC.A.46978  Amount of Each Receipt this Period                             |  |  |
| FEC ID number of contributing federal political committee.                              | C                                       | 07430   | 50.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP FINA                      |   |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                               | Year-to-Date ▼ 450.00   |   |  |  |
| SUBTOTAL of Receipts This Page (optional  | al)                                     | <b>)</b>  | 200.00  |  |  |

|                     | HEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 19 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17 |
|---------------------|--|-----------------------|---|---|
| or fo               | information copied from such Reports and St<br>or commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | name and ad           | dress of any political committee to   | solicit contributions from such committee.  |
|                     | MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL              | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
|                     | Full Name (Last, First, Middle Initial)<br>JEAN BERGWALL   |                       |   | Date of Receipt   |
| <u> </u>            | Mailing Address 2546 HOLLYHOCK CC  | VE                    |   | 04 12 2008  |
|                     | City<br>GERMANTOWN   | State<br>TN           | Zip Code<br>38138   | Transaction ID: INC.A.47074  Amount of Each Receipt this Period                   |
| F                   | FEC ID number of contributing ederal political committee.  | C                     | 30130   | 25.00   |
| 7                   | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupatio<br>DIR PRO  | DDUCT LINE II   |   |
| Ē                   | Receipt For:  Primary General  Other (specify) ▼   |                       | e Year-to-Date ▼  225.00  |   |
| <b>B</b> . <u>I</u> | Full Name (Last, First, Middle Initial)<br>MR DAVID BERRY<br>Mailing Address 11 COBBLESTONE LA                             | Date of Receipt       |   |   |
| -                   |  | 04 12 2008            |   |   |
|                     | City<br>RAMSEY   | State<br>NJ           | Zip Code<br>07446   | Transaction ID: INC.A.46841  Amount of Each Receipt this Period                   |
| -<br>F              | FEC ID number of contributing ederal political committee.  | C                     |   | 25.00   |
| <u>1</u><br>1       | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>DIR ISD  | n   |   |
| F                   | Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | e Year-to-Date ▼<br>225.00  |   |
|                     | Full Name (Last, First, Middle Initial)<br>MS EILEEN BIDELL  |                       |   | Date of Receipt   |
| _                   | Mailing Address 71 WASHINGTON CT.  |                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |
|                     | Dity   | State                 | Zip Code  | Transaction ID: INC.A.46837   |
| -<br>F              | TOWACO  FEC ID number of contributing ederal political committee.  | C                     | 07082   | Amount of Each Receipt this Period  25.00   |
| <u>1</u>            | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR I | on<br>PHARM OPS   |   |
| F                   | Receipt For:  Primary General  Other (specify) ▼   | _•                    | e Year-to-Date ▼<br>225.00  |   |
| su                  | BTOTAL of Receipts This Page (optional)  |                       |   | 75.00   |
| то                  | TAL This Period (last page this line number of   | only)                 |   |   |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 20 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 1             |
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| or for commercial purposes, other than using th<br>NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any perse name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | son for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR FLOYD BILLINGS Mailing Address 4273 BROGDAN FAR  City BUFORD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General |   | Date of Receipt    M M   |
| Full Name (Last, First, Middle Initial) CALVIN BINGHAM Mailing Address 13702 W. 48TH ST.  City SHAWNEE  FEC ID number of contributing federal political committee.   | State Zip Code<br>KS 66216  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                               |
| Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) BRYAN BIRCH  Mailing Address ALMINDRIGHT AND   | Occupation DIR CLINICAL OPS  Aggregate Year-to-Date   225.00  | Date of Receipt  |
| Mailing Address 4 WINDRUSH LANE  City  WESTPORT  FEC ID number of contributing federal political committee.  | State Zip Code CT 06880   | Transaction ID: INC.A.46974  Amount of Each Receipt this Period  192.00                      |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation GROUP PRES, EMPLOYER GROU Aggregate Year-to-Date ▼ 1728.00   | P  |
| SUBTOTAL of Receipts This Page (optional)  |   | 242.00   |

|            | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 21 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|------------|--|-----------------------------|---|--|
|            | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and add                | dress of any political committee to   | solicit contributions from such committee.                                       |
| <b>A</b> . | Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO Mailing Address 26 DAYLILY DRIVE  | OLITIONE /                  | TOTTOTY GOININT FEE (d.K.e  | Date of Receipt  0 4 1 2 2 0 0 8   |
|            | City  MOUNT LAUREL  FEC ID number of contributing  | State<br>NJ                 | Zip Code<br>08054   | Transaction ID: INC.A.47016  Amount of Each Receipt this Period                  |
|            | federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼                                     | Occupation DIR HR Aggregate | n<br>e Year-to-Date ▼<br>255.00   | 15.00  |
| -<br>В.    | Full Name (Last, First, Middle Initial) MS SUZANNE BLACKBURN Mailing Address 4520 LINWOOD LANE   |                             |   | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y                 |
|            | City   | State                       | Zip Code  | Transaction ID: INC.A.46965  |
|            | DEEPHAVEN  | MN                          | 55331   | Amount of Each Receipt this Period   |
|            | FEC ID number of contributing federal political committee.   | C                           |   | 50.00  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SVP CLI        | <sup>n</sup><br>ENT & MKT STRATEGIC DI  | ≣V   |
|            | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                   | e Year-to-Date ▼<br>450.00  |  |
| с.<br>С.   | Full Name (Last, First, Middle Initial) MR MARK BLAKE  |                             |   | Date of Receipt  |
| О.         | Mailing Address 129 NORWOOD AVEN   | IUE                         |   | 0 4 1 2 2 0 0 8  |
|            | City<br>MONTCLAIR  | State<br>NJ                 | Zip Code  | Transaction ID: INC.A.47022  |
|            | FEC ID number of contributing federal political committee.   | C                           | 07043   | Amount of Each Receipt this Period  50.00  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP BUSI        | n<br>NESS DEV   |  |
|            | Receipt For:  Primary General  Other (specify) ▼   |                             | e Year-to-Date ▼<br>450.00  |  |
|            | SUBTOTAL of Receipts This Page (optional)  |                             |   | 115.00   |
| Ī          | TOTAL This Period (last page this line number of   | only)                       |   |  |

|                 | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 22 / 281 (check only one)    X            |
|-----------------|--|----------------------|---|---|
|                 | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F | name and ad          | dress of any political committee to   | o solicit contributions from such committee.                    |
| ∠<br><b>A</b> . | Full Name (Last, First, Middle Initial) MR JONATHAN BLAUMAN Mailing Address 50 NEW ENGLAND D   | R                    |   | Date of Receipt  0 4  |
|                 | City<br>RAMSEY   | State<br>NJ          | Zip Code<br>07446   | Transaction ID: INC.A.46797  Amount of Each Receipt this Period |
|                 | FEC ID number of contributing federal political committee.   | C                    |   | 50.00   |
|                 | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  |                      | n<br>ING & PRODUCT DEV<br>e Year-to-Date ▼<br>450.00                          |   |
| _               | Full Name (Last, First, Middle Initial) KEN BODMER Mailing Address P.O. BOX 381947   |                      |   | Date of Receipt  0 4 1 2 2 0 0 8                                |
|                 | City   | State                | Zip Code  | Transaction ID: INC.A.46883                                     |
|                 | GERMANTOWN FEC ID number of contributing federal political committee.  | C                    | 38183   | Amount of Each Receipt this Period  192.00                      |
|                 | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupatio<br>SVP FIN |   |   |
|                 | Receipt For:  Primary General  Other (specify)   | Aggregate            | e Year-to-Date ▼<br>1728.00   |   |
|                 | Full Name (Last, First, Middle Initial) MR MICHAEL BOGDA Mailing Address 80 LEONA CT   | l                    |   | Date of Receipt  0 4 1 2 2 0 0 8                                |
|                 | City<br>LEVITTOWN  | State<br>NY          | Zip Code  | Transaction ID: INC.A.46968                                     |
|                 | FEC ID number of contributing federal political committee.   | C                    | 11756   | Amount of Each Receipt this Period  25.00                       |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>DIR TEC | n<br>CHNOLOGY   |   |
|                 | Receipt For:  Primary General  Other (specify) ▼   |                      | e Year-to-Date ▼ 225.00   |   |
|                 | SUBTOTAL of Receipts This Page (optional)  | 1                    |   | 267.00  |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 23 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |  |  |  |
|----|---|---|---|--|--|--|--|
|    | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | on for the purpose of soliciting contributions o solicit contributions from such committee. |   |  |  |  |  |
|    | MEDCO HEALTH SOLUTIONS INC.   | MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N                            |   |  |  |  |  |
| A. | Full Name (Last, First, Middle Initial)  MRS HEATHER BONOME  Mailing Address 305 10TH STREET N                            | F   |   | Date of Receipt  |  |  |  |
|    |   |   |   | 04 12 2008   |  |  |  |
|    | City<br>WASHINGTON  | State<br>DC   | Zip Code<br>20002   | Transaction ID: INC.A.46759  Amount of Each Receipt this Period                  |  |  |  |
|    | FEC ID number of contributing federal political committee.  | C   | 20002   | 25.00  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR CLI  | on<br>NICAL SVCS  |  |  |  |  |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate   | e Year-to-Date ▼<br>225.00  |  |  |  |  |
| В. | Full Name (Last, First, Middle Initial) MR JOSEPH BOTTA  Mailing Address 109 ARBOR PL                                     |   |   | Date of Receipt  |  |  |  |
|    | Mailing Address 109 ARBOR PL  |   |   | 04 12 2008   |  |  |  |
|    | City  | State   | Zip Code  | Transaction ID: INC.A.46668  |  |  |  |
|    | BRYN MAWR  FEC ID number of contributing federal political committee.   | PA C  | 19010   | Amount of Each Receipt this Period  25.00  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP SALI  |   |  |  |  |  |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate   | e Year-to-Date ▼<br>225.00  |  |  |  |  |
| C. | Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX  | ,   |   |  |  |  |  |
|    | Mailing Address 3380 SADDLEBROO   | K STREET  |   | 04 12 2008   |  |  |  |
|    | City<br>LAS VEGAS   | State<br>NV   | Zip Code<br>89141   | Transaction ID: INC.A.46607  Amount of Each Receipt this Period                  |  |  |  |
|    | FEC ID number of contributing federal political committee.  | C   | 03141   | 25.00  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR PHA  | ARM PRACTICE  |  |  |  |  |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate   | e Year-to-Date ▼<br>425.00  |  |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)   |   |   | 75.00  |  |  |  |
|    | TOTAL This Period (last page this line numbe  | r only)   |   |  |  |  |  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Δ)                                   | Use separate schedule(s) for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 24 / 281   (check only one) |
|--|--------------------------------------|--|---|
| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may<br>the name and add | not be sold or used by any persodress of any political committee to        | on for the purpose of soliciting contributions      |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                       | ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)                                |
| Full Name (Last, First, Middle Initial) RUSS BOURNE                                      |                                      |  | Date of Receipt                                     |
| Mailing Address 242 N HIGHLAND   |                                      |  | 0 4 1 2 2 0 0 8                                     |
| City   | State                                | Zip Code   | Transaction ID: INC.A.47073                         |
| MEMPHIS  | TN                                   | 38111  | Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.                               | C                                    |  | 50.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP SALE                   |  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                            | Year-to-Date ▼<br>450.00   |   |
| Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN                                 |                                      |  | Date of Receipt                                     |
| Mailing Address 5259 FISHERCRES  | ST LN                                | 0 4 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                |   |
| City   | State<br>VA                          | Zip Code   | Transaction ID: INC.A.46919                         |
| RICHMOND  FEC ID number of contributing federal political committee.                     | C                                    | 23231  | Amount of Each Receipt this Period 200.00           |
| Name of Employer MEDCO HEALTH SOLUTIONS  | Occupation                           | n  |   |
| -  | - <del></del>                        | MULARY CONSULTING  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                            | Year-to-Date ▼<br>1800.00  | ]   |
| Full Name (Last, First, Middle Initial) KAREN BOWE                                       |                                      |  | Date of Receipt                                     |
| Mailing Address 177 N. MILL ROAD   |                                      |  | 04 12 2008  |
| City   | State                                | Zip Code   | Transaction ID: INC.A.47042                         |
| HARRISBURG   | PA                                   | 17112  | Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.                               | C                                    |  | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   |                                      | MMUNITY AFFAIRS  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                            | Year-to-Date ▼<br>225.00   |   |
|  |                                      |  | 275.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page   | FOR LINE NUMBER: PAGE 25 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16   |
|---|---|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  | Statements may not be sold or used by any person and address of any political committee to see POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MS HEIDI BOWMAN  Mailing Address 15 DAWN LANE  City RINGWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07456  C  Occupation EXEC DIR STRAT PRODUCT MGMT Aggregate Year-to-Date  270.00                                 | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) MS GWEN BRADY Mailing Address 219 E. COMO AVENU  City COLUMBUS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS   |   | Date of Receipt  M M J D D D Z 2008  Transaction ID: INC.A.46689  Amount of Each Receipt this Period  12.50                       |
| Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) MS PATRICIA BRANUM Mailing Address 210 FROG HOLLOW  | Aggregate Year-to-Date ▼ 212.50  ROAD   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City COATESVILLE  FEC ID number of contributing federal political committee.  | State Zip Code PA 19320  C  | Transaction ID: INC.A.46906  Amount of Each Receipt this Period  75.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | Occupation VP INFO & PROCESS ENGINEERING Aggregate Year-to-Date  675.00   | <del>-</del> |
| SUBTOTAL of Receipts This Page (optional)   | <u> </u>  | 117.50  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 26 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                            |
|--|--|---|
| or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  | and Statements may not be sold or used by any persor g the name and address of any political committee to sold. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial)  MR DAVID BREEN  Mailing Address 27 SEALS DR  City  MONROE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  Other (specify)              | State Zip Code NY 10950  C  Occupation DIR ANALYTICAL SVCS  Aggregate Year-to-Date  225.00   | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial)  MS LINDA BRIDGE  Mailing Address 136 BEECH ST  City  BELLEVILLE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) | State Zip Code NJ 07109  C  Occupation DIR CLIENT/MEMBER COMM Aggregate Year-to-Date  225.00   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) MR PAUL BRISSON Mailing Address 469 MANOR LANE  City PELHAM MANOR  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NY 10803  C  Occupation DIR PRODUCT DEVELOPMENT  Aggregate Year-to-Date  225.00   | Date of Receipt  M M M D D D 2 2008  Transaction ID: INC.A.46730  Amount of Each Receipt this Period  25.00 |
| SUBTOTAL of Receipts This Page (option   | al)  | 75.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                        | FOR LINE NUMBER: PAGE 27 / 281 (check only one)    X            |
|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any pe<br>he name and address of any political committee |   |
|  | POLITICAL ACTION COMMITTEE (a.F  | k.a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR RICHARD BROOKLER Mailing Address - A DOMARY COLURT                            |  | Date of Receipt   |
| Mailing Address 9 ROMARY COURT  City   | State Zip Code   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| GLEN ROCK  | NJ 07452   | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.   | C  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR FINANCE  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 225.00  |   |
| Full Name (Last, First, Middle Initial)<br>MR KENNETH BROWN  |  | Date of Receipt   |
| Mailing Address 540 GIORDANO DR  | IVE  | 04 12 2008  |
| City   | State Zip Code   | Transaction ID: INC.A.46665                                     |
| YORKTOWN HEIGHTS   | NY 10598   | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.   | C  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP INFO TECHNOLOGY  |   |
| Receipt For:  Primary  General   | Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼  | 450.00   |   |
| Full Name (Last, First, Middle Initial)<br>STEVEN BROWN  |  | Date of Receipt   |
| Mailing Address 140 S GROVE PARI   | (  | 04 12 2008  |
| City<br><u>MEMPHIS</u>   | State Zip Code TN 38117  | Transaction ID: INC.A.47061  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C  | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR PRODUCT LINE II   |   |
| Receipt For: Primary General   | Aggregate Year-to-Date ▼ 225.00  |   |
| Other (specify) ▼  | 225.00   |   |
|  |  | 100.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                | FOR LINE NUMBER: PAGE 28 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16                 |
|---|--|---|
| NAME OF COMMITTEE (In Full)   | nd Statements may not be sold or used by any pers<br>the name and address of any political committee t | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial)  AMANDA BUNDY  Mailing Address 5812 SEVEN POIN            | C. POLITICAL ACTION COMMITTEE (a.k.  | Date of Receipt   |
| City HERMITAGE  | State Zip Code TN 37076  | Transaction ID: INC.A.47052  Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP | Occupation   | 50.00   |
| ACCREDO HEALTH GROUP  Receipt For:  Primary General  Other (specify) ▼                            | VP REIMBURSEMENT  Aggregate Year-to-Date ▼  450.00   |   |
| Full Name (Last, First, Middle Initial) BRIAN BURFORD Mailing Address 603 CHARLESWO               | OD DR  | Date of Receipt  0 4 1 2 2 0 0 8  |
| City  | State Zip Code   | Transaction ID: INC.A.47051   |
| MARION  | AR 72364   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C  | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation DIR BUS DEV   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  225.00   |   |
| Full Name (Last, First, Middle Initial) MR KEVIN BURON  |  | Date of Receipt   |
| Mailing Address 25 TIMBERLAND   |  | 0 4 1 2 2 0 0 8   |
| City<br>ALISO VIEJO   | State Zip Code<br>CA 92656   | Transaction ID: INC.A.46779   |
| FEC ID number of contributing federal political committee.  | CA 92656   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation GENERAL MGR GROUP   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 450.00  |   |
| SUBTOTAL of Receipts This Page (optional  | (ls  | 125.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Benerits at           | Use separate schedule(s) for each category of the Detailed Summary Page  nd Statements may not be sold or used by any persor | FOR LINE NUMBER: PAGE 29 / 281  (check only one)    X |
|---|--|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)                          | g the name and address of any political committee to s  C. POLITICAL ACTION COMMITTEE (a.k.a.                                | solicit contributions from such committee.            |
| Full Name (Last, First, Middle Initial)  MRS PEGEEN BUTTERFIELD  Mailing Address 23 NUTTING PLACE | DE   | Date of Receipt  0 4 1 2 2 0 0 8                      |
| City  | State Zip Code   | 0 4 1 2 2 0 0 8 Transaction ID: INC.A.46704           |
| WEST CALDWELL   | NJ 07006   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.  | C  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR BUSINESS DEVELOPMENT   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  225.00   |   |
| Full Name (Last, First, Middle Initial) MRS DOREEN CALDER   |  | Date of Receipt                                       |
| Mailing Address 441 S ELM STREE   | T  | 0 4 1 2 2 0 0 8                                       |
| City  | State Zip Code   | Transaction ID: INC.A.46604                           |
| MAYWOOD  FEC ID number of contributing federal political committee.                               | NJ 07607   | Amount of Each Receipt this Period 40.00              |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR BUSINESS REQUIREMENTS   | _   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 360.00  |   |
| Full Name (Last, First, Middle Initial) MR GABRIEL CAPPUCCI                                       |  | Date of Receipt                                       |
| Mailing Address 119 WASHINGTO   | N AVENUE   | 04 12 2008  |
| City  | State Zip Code   | Transaction ID: INC.A.46861                           |
| CHATHAM   | NJ 07928   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.  | C  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP & CONTROLLER  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 450.00  |   |
| SUBTOTAL of Receipts This Page (option:   | al)  | 115.00  |

TOTAL This Period (last page this line number only) .....

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                              | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 30 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17             |
|----|---|------------------------------|---|--|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements mage name and add | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
|    | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL /                  | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)  |
| A. | Full Name (Last, First, Middle Initial) MR RAYMOND CARLUCCI   |                              |   | Date of Receipt  |
|    | Mailing Address 24 SHERI DRIVE  |                              |   | 04 12 2008   |
|    | City<br>ALLENDALE   | State<br>NJ                  | Zip Code<br>07401   | Transaction ID: INC.A.46876  Amount of Each Receipt this Period                              |
|    | FEC ID number of contributing federal political committee.  | C                            | 07401   | 52.50  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>GENERA          | n<br>AL MGR GROUP   |  |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                    | e Year-to-Date ▼ 472.50   |  |
| В. | Full Name (Last, First, Middle Initial)<br>JOSEPH CASACCIA JR   |                              |   | Date of Receipt  |
|    | Mailing Address 9788 LIPSEY CV  |                              |   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$  |
|    | City  | State                        | Zip Code  | Transaction ID: INC.A.46840  |
|    | GERMANTOWN  | TN                           | 38139   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.  | C                            |   | 25.00  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  | + +                          | CIALTY OPS CUST SVC   |  |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                    | e Year-to-Date ▼<br>225.00  | ]  |
| C. | Full Name (Last, First, Middle Initial) MS MARY CASALE  | <u>'</u>                     |   | Date of Receipt  |
|    | Mailing Address 822 CEDAR AVE   |                              |   | 04 12 2008   |
|    | City<br>HADDENFIELD   | State<br>NJ                  | Zip Code<br>08033   | Transaction ID: INC.A.46784  Amount of Each Receipt this Period                              |
|    | FEC ID number of contributing federal political committee.  | C                            |   | 25.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP SALE         | n<br>ES STRATEGY & MARKETII   | <br>NG   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                    | e Year-to-Date ▼<br>225.00  |  |
|    | SUBTOTAL of Receipts This Page (optional)   |                              |   | 102.50   |
|    | TOTAL This Period (last page this line number   |                              | <u> </u>  |  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Δ)                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | Check only one)   X   11a   |
|--|--------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may<br>the name and add | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                       | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MS KAREN CATHCART RUSSELL                        | 20                                   |   | Date of Receipt   |
| Mailing Address 148 CLUBHOUSE [  | JK                                   |   | 04 12 2008  |
| City   | State                                | Zip Code  | Transaction ID: INC.A.46631   |
| WEST COLUMBIA  | SC                                   | 29172   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                               | C                                    |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR DIR 0               | n<br>CLINICAL SVCS  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                            | Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial) WILLIAM CONSIDINE                                | · ·                                  |   | Date of Receipt   |
| Mailing Address 130 WEST 67TH STREET, #4J  |                                      |   | 04 12 2008  |
| City<br>NEW YORK   | State<br>NY                          | Zip Code<br>10023   | Transaction ID: INC.A.46989   |
| FEC ID number of contributing federal political committee.                               | C                                    | 10020   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR DIR E               | n<br>BUSINESS PLANNING & DE   | EV  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                            | Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial) MR ROBERT COOK                                   |                                      |   | Date of Receipt   |
| Mailing Address 270 S FRANKLIN T   | URNPIKE                              |   | 04 12 7 2008  |
| City   | State                                | Zip Code  | Transaction ID: INC.A.46658   |
| RAMSEY   | NJ                                   | 07446   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                               | С                                    |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   |                                      | H CARE OPS-TECHNOLOG  | GY  |
| Receipt For:    Primary   General  | Aggregate                            | Year-to-Date ▼  | ,   |
| Other (specify)  | 0 0                                  | 225.00  |   |
|  | 1                                    |   | 75.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 32 / 281 (check only one)    X                                      |
|---|----------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad          | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS INC. F  Full Name (Last, First, Middle Initial)  | OLITICAL             | ACTION COMMITTEE (a.k.a   | . меасо неакп РАС)  |
| JEFFREY COOLE   | , 00VE               |   | Date of Receipt   |
| Mailing Address 1280 RIVER HOLLOW   |                      | 7'- 0-4-  | 04 12 2008  |
| City<br>CORDOVA   | State<br>TN          | Zip Code<br>38016   | Transaction ID: INC.A.47050  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.  | C                    | 30010   | 50.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupatio<br>VP TAX  | n<br>AND REGULATORY REPOR   | <del>-</del>  <br>शा  |
| Receipt For:  Primary General  Other (specify) ▼  |                      | e Year-to-Date ▼ 450.00   |   |
| Full Name (Last, First, Middle Initial)<br>ANTONIO CORREIA  |                      |   | Date of Receipt   |
| Mailing Address 30 EAST 81ST STREE  | ET, #9B              |   | 0 4 1 2 2 0 0 8   |
| City  | State                | Zip Code  | Transaction ID: INC.A.47025   |
| NEW YORK  | NY                   | 10028   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                    |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP BUSI | n<br>NESS DEV   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate            | e Year-to-Date ▼<br>450.00  |   |
| Full Name (Last, First, Middle Initial) MR STEPHEN COURTMAN   |                      |   | Date of Receipt   |
| Mailing Address 25 FAIRWAY TRAIL  |                      |   | 04 12 2008  |
| City  | State                | Zip Code  | Transaction ID: INC.A.46758   |
| SPARTA  | NJ                   | 07871   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                    |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SVP PH  | n<br>ARMACY NETWORK MGMT  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate            | e Year-to-Date ▼ 450.00   |   |
| SUBTOTAL of Receipts This Page (optional)   | 1                    |   | 150.00  |

TOTAL This Period (last page this line number only) .....

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                 | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 33 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 11          |
|---|---------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | ne name and add                 | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR HART COVEN Mailing Address 28 OAK LANE  City MORRISTOWN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:   | '                               | Zip Code<br>07960<br>n<br>TECHNOLOGY  | Date of Receipt    M   M   D   D   Z   Z   D   S  |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR ROBERT CRAIG  | 1 1                             | 450.00  | Date of Receipt   |
| Mailing Address 7979 E SANTA CATA  City  SCOTTSDALE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | State AZ  C  Occupation EXEC DI | Zip Code<br>85255<br>n<br>R PRODUCT<br>e Year-to-Date ▼                       | Transaction ID: INC.A.46742  Amount of Each Receipt this Period  60.00                    |
| Full Name (Last, First, Middle Initial)  MR PETER CSUTOROS  Mailing Address 16 PLEASANT AVEN  City  LINCOLN PARK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  Other (specify) | State NJ C Occupation DIR FINA  |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
| SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number  |                                 | •   | 135.00  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS                   | Use separate schedule(s<br>for each category of the<br>Detailed Summary Page                  | (crieck only only)   |
|--|---|--|
| or for commercial purposes, other than usi                 | and Statements may not be sold or used by any ng the name and address of any political commit | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS I       | NC. POLITICAL ACTION COMMITTEE (  | a.k.a. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MR ANGELO CUOZZO   |   | Date of Receipt  |
| Mailing Address 19 IDA COURT                               |   | 0 4  |
| City   | State Zip Code  | Transaction ID: INC.A.46789  |
| STATEN ISLAND  | NY 10312  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee. | C   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                 | Occupation DIR TECHNOLOGY   |  |
| Receipt For:  Primary General  Other (specify) ▼           | Aggregate Year-to-Date ▼ 225.00   |  |
| Full Name (Last, First, Middle Initial) MR JOHN DALY       |   | Date of Receipt  |
| Mailing Address 46 BLUEBELL C                              |   | 04 12 2008   |
| City   | State Zip Code  | Transaction ID: INC.A.46894  |
| PARAMUS FEC ID number of contributing                      | NJ 07652  | Amount of Each Receipt this Period 25.00   |
| federal political committee.                               | 0   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                 | Occupation SR DIR BUS PLANNING & ADM  | IIN  |
| Receipt For:  Primary General  Other (specify) ▼           | Aggregate Year-to-Date ▼ 225.00   |  |
| Full Name (Last, First, Middle Initial)                    |   |  |
| MS ROSELIN DANIEL  | - DDIV/5  | Date of Receipt  |
| Mailing Address 17 DEVONSHIRE                              | E DRIVE   | 04 / 12 / 2008   |
| City   | State Zip Code  | Transaction ID: INC.A.46857  |
| RANDOLPH   | NJ 07869  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee. | C   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                 | Occupation SR DIR BENEFIT DELIVERY SY   | 'S   |
| Receipt For: Primary General                               | Aggregate Year-to-Date ▼  |  |
| Other (specify)  | 225.00  | 0 ,  |
|  |   | 75.00  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | <b>6X)</b>  | Use separate schedule(s) for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 35 / 281   (check only one)   |
|--|---|--|---|
| Any information copied from such Reports or for commercial purposes, other than usin | and Statements may                                  | not be sold or used by any persodress of any political committee to        | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                | NC. POLITICAL A                                     | ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR KENNETH DANIELS                           |   |  | Date of Receipt   |
| Mailing Address 2903 CHUKKAR (   | COURT   |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>PLANT CITY   | State<br>FL   | Zip Code<br>33567  | Transaction ID: INC.A.46833   |
| FEC ID number of contributing federal political committee.                           | C   | 33307  | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP/GM                                    | 1  |   |
| Receipt For: Primary General Other (specify)   |   | Year-to-Date ▼ 425.00  |   |
| Full Name (Last, First, Middle Initial) MR ANDREW DAVIS                              |   |  | Date of Receipt   |
| Mailing Address 5616 BROOK DR  | M M / D D / Y Y Y Y Y O S O S O S O S O S O S O S O |  |   |
| City<br>EDINA  | State<br>MN   | Zip Code<br>55439  | Transaction ID: INC.A.46740   |
| FEC ID number of contributing federal political committee.                           | C   | 33439  | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP MEDI                                  | n<br>CARE CLIENT & SALES SI  | IP.   |
| Receipt For:  Primary General  Other (specify) ▼                                     |   | Year-to-Date ▼ 450.00  |   |
| Full Name (Last, First, Middle Initial) WARREN DAVIS                                 |   |  | Date of Receipt   |
| Mailing Address 3131 SADDLEGA  | IT COVE   |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>GERMANTOWN   | State<br>TN   | Zip Code<br>38138  | Transaction ID: INC.A.47072   |
| FEC ID number of contributing federal political committee.                           | C   | 30130  | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR FINA                                 |  |   |
| Receipt For: Primary General Other (specify)   | <del> </del>  | Year-to-Date ▼ 225.00  |   |
| SUBTOTAL of Receipts This Page (option   | nal)  |  | 100.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 36 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|--|--|--|
| or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any person<br>the name and address of any political committee to<br>POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.                                       |
| Full Name (Last, First, Middle Initial)  MR DANIEL DAVISON  Mailing Address 402 HIGHLAND AVI  City  RIDGEWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: | State Zip Code NJ 07450  C  Occupation SVP FINANCIAL & ANALYTICAL SVC Aggregate Year-to-Date   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| Primary General Other (specify)  Full Name (Last, First, Middle Initial) MR LUCA DEFLORENTIIS  | 450.00   | Date of Receipt  |
| Mailing Address W62 N1032 FAIRHACTURY  City  CEDARBURG  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  | State Zip Code WI 53012  C Occupation SR DIR ACCT MGMT   | Transaction ID: INC.A.46807  Amount of Each Receipt this Period  25.00           |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  225.00   |  |
| Full Name (Last, First, Middle Initial) MR PAUL DELLO RUSSO Mailing Address 80 HILLSIDE AVENUTE  City GLEN RIDGE  FEC ID number of contributing federal political committee.   | UE State Zip Code NJ 07028   | Date of Receipt  M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  | Occupation ASST COUNSEL  Aggregate Year-to-Date ▼  |  |
| Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)   | 0 0 0 0 0 0 0 0  | 100.00   |

# SCHEDULE A (FEC Form 3X)

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 37 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any person the name and address of any political committee to a POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.                                       |
| Full Name (Last, First, Middle Initial)  MS TONI DEMANSS  Mailing Address 32 RED BARN LANI  City  WEST MILFORD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State Zip Code NJ 07480  C  Occupation DIR FINANCE  Aggregate Year-to-Date  225.00   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| Full Name (Last, First, Middle Initial) MS ANN-MARGARET DEMARCO Mailing Address 1 RUGBY ROAD  City CEDAR GROVE FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS Receipt For:                                     | State Zip Code NJ 07009  C  Occupation DIR FINANCE  Aggregate Year-to-Date   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MS MAUREEN DEMPSEY Mailing Address 17 RICHWOOD PLA  City DENVILLE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS                   | State Zip Code NJ 07834  C  Occupation DIR MEDICARE COMPLIANCE   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| Receipt For:  Primary General  Other (specify)   SUBTOTAL of Receipts This Page (optional   | Aggregate Year-to-Date ▼  225.00   | 75.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | ()                  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 38 / 281 (check only one)    X   11a |
|---|---------------------|---|--|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.                   | the name and add    | dress of any political committee to                                     | o solicit contributions from such committee.               |
| Full Name (Last, First, Middle Initial) DONNA DENARDO  Mailing Address W2996 GIBRALTER  City FISH CREEK  FEC ID number of contributing federal political committee. | R ROAD State WI     | Zip Code<br>54212   | Date of Receipt    M M M                                   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  |                     | n<br>ENERAL MGR MEDICARE<br>Year-to-Date ▼<br>1730.70                   |  |
| Full Name (Last, First, Middle Initial) MR JOHN DERRICO Mailing Address 195 HACKENSACK  | AVENUE              |   | Date of Receipt  O 4 1 2 2 0 0 8                           |
| City  | State               | Zip Code  | Transaction ID: INC.A.46971                                |
| HARRINGTON PARK FEC ID number of contributing federal political committee.  | C                   | 07640   | Amount of Each Receipt this Period  25.00                  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR N | n<br>MARKETING  |  |
| Receipt For:  Primary General  Other (specify) ▼  |                     | e Year-to-Date ▼ 225.00   |  |
| Full Name (Last, First, Middle Initial) MS LAURA DEVEAU   |                     |   | Date of Receipt  |
| Mailing Address 2289 BEDFORD ST   | Γ APT D2            |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                |
| City  | State               | Zip Code  | Transaction ID: INC.A.46798                                |
| STAMFORD  FEC ID number of contributing federal political committee.  | C                   | 06905   | Amount of Each Receipt this Period  25.00                  |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation AVP MAI  | n<br>RKETING  |  |
| Receipt For: Primary General Other (specify)  |                     | e Year-to-Date ▼ 225.00   |  |
| SUBTOTAL of Receipts This Page (optiona   | 1)                  |   | 242.30   |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page     | FOR LINE NUMBER: PAGE 39 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17            |
|----|---|--------------------------------|---|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma<br>e name and ad | ly not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. I                                      | POLITICAL .                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| A. | Full Name (Last, First, Middle Initial) MS KAREN DEZEARN  |                                |   | Date of Receipt   |
|    | Mailing Address 3625 PATTERSTONE  | 04 12 2008                     |   |   |
|    | City  | State                          | Zip Code  | Transaction ID: INC.A.46633   |
|    | ALPHARETTA  FEC ID number of contributing federal political committee.                          | GA C                           | 30022   | Amount of Each Receipt this Period  25.00   |
|    | Name of Employer MEDCO HEALTH SOLUTIONS   | Occupation                     |   |   |
|    | Receipt For:  |                                | L ACCT EXEC   |   |
|    | Primary General Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>225.00  | ]   |
| В. | Full Name (Last, First, Middle Initial) ANDREW DOEDYNS  | 1                              |   | Date of Receipt   |
|    | Mailing Address 117 CREST DRIVE   | 04 12 2008                     |   |   |
|    | City  | State                          | Zip Code  | Transaction ID: INC.A.47040   |
|    | BEAVER  | PA                             | 15009   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | С                              |   | 25.00   |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  |                                | NICAL OPS   |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>225.00  |   |
| C. | Full Name (Last, First, Middle Initial)<br>MR ROBERT DOLAN                                      | •                              |   | Date of Receipt   |
|    | Mailing Address 9 CRANE AVENUE  |                                |   | 0 4 1 2 2 0 0 8   |
|    | City WEST CALDWELL  | State<br>NJ                    | Zip Code<br>07006   | Transaction ID: INC.A.46858   |
|    | FEC ID number of contributing federal political committee.                                      | C                              | 07000   | Amount of Each Receipt this Period  25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR BEN             | on<br>NEFIT DELIVERY SYSTEMS  |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>225.00  |   |
|    | SUBTOTAL of Receipts This Page (optional)   |                                | <b>)</b>  | 75.00   |
|    | TOTAL This Period (last page this line number   | only)                          |   |   |

| SCHEDULE A (F   | •   | Use separate schedule(s) for each category of the Detailed Summary Page                                 | FOR LINE NUMBER: PAGE 40 / 281 (check only one)    X  |
|---|---|---|---|
| or for commercial purpose  NAME OF COMMITTE   | s, other than using the name and<br>EE (In Full)            | may not be sold or used by any person address of any political committee to L ACTION COMMITTEE (a.k.a.) | on for the purpose of soliciting contributions o solicit contributions from such committee.  a. Medco Health PAC)             |
| Full Name (Last, First, MS MERIDITH DORNEI Mailing Address 444  City ALLENTOWN  FEC ID number of con federal political commit  Name of Employer MEDCO HEALTH SO                                       | State PA  rributing tee.  C  Occupa SR DII                  | R ACCT MGMT   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Receipt For: Primary Other (specify)  | General   | ate Year-to-Date ▼ 225.00   |   |
| MR H.RONALD DRIZIN Mailing Address 17  City IRVINE  FEC ID number of con federal political commit  Name of Employer MEDCO HEALTH SO  Receipt For: Primary Other (specify)                             | State CA  cributing tee.  C  C  C  C  C  C  Aggreg  General | 92614   | Date of Receipt  M M M / D D / Y Y Y Y Y  1 2 2 0 0 8  Transaction ID: INC.A.46920  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, MICHEL DUFRESNE Mailing Address 58  City  MORRIS TWP  FEC ID number of con federal political commit  Name of Employer MEDCO HEALTH SO  Receipt For:  Primary  Other (specify) | State NJ  rributing tee.  C  C  C  C  Aggreg  General       | 07960   | Date of Receipt    M   M   D   D   2 0 0 8  |
| SUBTOTAL of Receipts  | This Page (optional)  |   | 267.30  |

| Any information capied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commental purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)  A. HI DANA DUNCAN  Mailing Address 72 HALLEY DR  City  POMONA  PEC ID number of contributing federal political committee.  Name of Employer  Other (specify) ▼  Mailing Address 2 DECKER TERRACE  City  Name of Employer  MEDCO HEALTH SOLUTIONS  Beceipt For:  Primary  General  Other (specify) ▼  Aggregate Year-to-Date ▼  Pommary  Other (specify) ▼  Aggregate Year-to-Date ▼  Political committee.  C. Date of Receipt  Date of Receipt  Transaction ID: INC. A.46728  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: INC. A.46721  Date of Receipt Transaction ID: INC. A.46721  Date of Receipt Transaction ID: INC. A.46721  Date of Receipt Transaction ID: INC. A.46721  Date of Receipt Transaction ID: INC. A.46721  Date of Receipt Transaction ID: INC. A.46721  Date of Receipt Transaction ID: INC. A.46721  Date of Receipt Transaction ID: INC. A.46721  Date of Receipt Transaction ID: INC. A.46721  Date of Receipt Transaction ID: INC. A.46721  Amount of Each Receipt this Period  C. Will Name (Last, First, Middle Initial)  Amount of Each Receipt this Period  C. Will Name (Last, First, Middle Initial)  Amount of Each Receipt this Period  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  | SCHEDULE A (F<br>ITEMIZED RECE  | •  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 41 / 281 (check only one)    X                                      |
|---|---|--|---|---|
| A. MRIDANA DUNCAN Mailing Address 72 HALLEY DR  City POMONA NY 10970  FEC ID number of contributing federal political committee.  City City KINNELON PEC ID number of contributing federal political committee.  City City Name (Last, First, Middle Initial) MR PETER DUNLEAVY Mailing Address 2 DECKER TERRACE City City Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Perimary General Other (specify) ▼  State Zip Code NJ 07405  Transaction ID: INC. A46672  Amount of Each Receipt this Period  Transaction ID: INC. A46672  Amount of Each Receipt this Period  Transaction ID: INC. A4678  Transaction ID: INC. A4670  T | or for commercial purpose  NAME OF COMMITTE   | s, other than using the name and ac<br>E (In Full)                 | dress of any political committee to                                     | on for the purpose of soliciting contributions solicit contributions from such committee. |
| B. Full Name (Last, First, Middle Initial)  MR PETER DUNLEAVY  Mailing Address 2 DECKER TERRACE  City  State Zip Code  KINNELON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Primary  Other (specify) ▼  Date of Receipt  M M M / 12 / 2008  Transaction ID: INC.A.46672  Amount of Each Receipt this Period  DIR FINANCE  Aggregate Year-to-Date ▼  Primary  Other (specify) ▼  Date of Receipt  M M M / 12 / 2008  Transaction ID: INC.A.46701  Amount of Each Receipt this Period  Dir FINANCE  Aggregate Year-to-Date ▼  Transaction ID: INC.A.46701  Amount of Each Receipt this Period  Date of Receipt  M M M / 12 / 2008  Transaction ID: INC.A.46701  Amount of Each Receipt this Period  Date of Receipt  M M / 12 / 2008  Transaction ID: INC.A.46701  Amount of Each Receipt this Period  Date of Receipt  M M / 12 / 2008  Transaction ID: INC.A.46701  Amount of Each Receipt this Period  Date of Receipt  M M M / 12 / 2008  Transaction ID: INC.A.46701  Amount of Each Receipt this Period  Date of Receipt  M M M M M M M M M M M M M M M M M M M   | A. MR DANA DUNCAN Mailing Address 72   City POMONA FEC ID number of confederal political commit Name of Employer MEDCO HEALTH SO Receipt For: | HALLEY DR  State NY  ributing tee.  C  Occupation SR DIR  Aggregat | n<br>TECHNOLOGY<br>e Year-to-Date ▼                                     | 0 4 1 2 2 0 0 8  Transaction ID: INC.A.46788  |
| Receipt For:  | Full Name (Last, First, MR PETER DUNLEAVY Mailing Address 2 D  City  KINNELON  FEC ID number of confederal political commit                   | Middle Initial)  ECKER TERRACE  State NJ  ributing tee.            | Zip Code<br>07405   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City OVERLAND PARK KS 66221  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  100.00  | Receipt For: Primary Other (specify)  Full Name (Last, First, MR STEPHEN DUNLEA   | General Aggregat  Middle Initial)                                  | ANCE<br>e Year-to-Date ▼  | M M / D D / Y Y Y Y   |
| SUPTOTAL of Bessiete This Bone (antique)  | OVERLAND PARK FEC ID number of confederal political commit  Name of Employer MEDCO HEALTH SO  Receipt For: Primary                            | ributing dee.  C  Occupation VP SAL  Aggregat  General             | on ES SEGMENT LEADER e Year-to-Date ▼                                   | Transaction ID: INC.A.46701   |
| SUBTOTAL of Receipts This Page (optional)   | SUBTOTAL of Receipts  | This Page (optional)   | <b>)</b>  | 100.00  |

| ITEMIZED RECEIPTS  | Χ)                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 42 / 281   (check only one)  |
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| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions oscilcit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                        | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MR MARK DUNN                                     |                                       |   | Date of Receipt  |
| Mailing Address 2 OLD MILL ROAD  | 1                                     |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>SANDY HOOK   | State<br>CT                           | Zip Code<br>06482   | Transaction ID: INC.A.46675  |
| FEC ID number of contributing federal political committee.                               | C                                     | 00402   | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR 3                   | n<br>FECHNOLOGY   |  |
| Receipt For:  Primary  General  Other (specify)  |                                       | Year-to-Date ▼ 225.00   |  |
| Full Name (Last, First, Middle Initial) DR SUMIT DUTTA                                   |                                       |   | Date of Receipt  |
| Mailing Address 534 HUDSON STREET #3C  |                                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>NEW YORK   | State<br>NY                           | Zip Code<br>10014   | Transaction ID: INC.A.46786  Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                               | C                                     | 10014   | 77.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP & G                    | n<br>ENERAL MGR   |  |
| Receipt For:  Primary General  Other (specify) ▼   | <del></del>                           | Year-to-Date ▼ 693.00   | ]  |
| Full Name (Last, First, Middle Initial) REBECCA DYER                                     |                                       |   | Date of Receipt  |
| Mailing Address 1400 POPLAR EST  | TATES PKY                             |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>GERMANTOWN   | State<br>TN                           | Zip Code<br>38138   | Transaction ID: INC.A.47060  |
| FEC ID number of contributing federal political committee.                               | C                                     | 30130   | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR PRC                    | n<br>DJECT MGMT   |  |
| Receipt For:  Primary General  Other (specify) ▼   | <del></del>                           | Year-to-Date ▼ 225.00   |  |
| SUBTOTAL of Receipts This Page (optional   | J)                                    |   | 127.00   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | <b>A</b> )  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 43 / 281   (check only one)   |
|--|---|---|---|
| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may                                | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                  | IC. POLITICAL A                                   | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MS GEORGIA EDDLEMAN                            |   |   | Date of Receipt   |
| Mailing Address 908 EDGEMEER   | LANE  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>SOUTHLAKE  | State<br>TX                                       | Zip Code<br>76092   | Transaction ID: INC.A.46949  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                             | C   | 7 0002  | 34.45   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP/GM                                  | n   |   |
| Receipt For:  Primary General  Other (specify) ▼                                       |   | Year-to-Date ▼ 551.20   |   |
| Full Name (Last, First, Middle Initial) MR MICHAEL EDWARDS                             |   |   | Date of Receipt   |
| Mailing Address 109 KAREN PLAC   | M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O |   |   |
| City<br>WYCKOFF  | State<br>NJ                                       | Zip Code<br>07481   | Transaction ID: INC.A.46664  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                             | C   | 07401   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP/GM                                  | n   |   |
| Receipt For:  Primary General  Other (specify) ▼                                       |   | Year-to-Date ▼ 450.00   |   |
| Full Name (Last, First, Middle Initial) DR WOODY EISENBERG, MD                         |   |   | Date of Receipt   |
| Mailing Address 128 SUMMIT AVE   | NUE   |   | M M / D D / Y Y Y Y Y O N N N N N N N N N N N N N N   |
| City   | State   | Zip Code  | Transaction ID: INC.A.47000   |
| UPPER MONTCLAIR  FEC ID number of contributing federal political committee.            | C   | 07043   | Amount of Each Receipt this Period 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation MEDICA                                 | n<br>RE CHIEF MEDICAL OFFIC   | ER  |
| Receipt For:  Primary General  Other (specify) ▼                                       | <del>- + +</del>                                  | Year-to-Date ▼ 450.00   |   |
| SUBTOTAL of Receipts This Page (option   | l l   |   | 134.45  |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 44 / 281 (check only one)    X  |  |
|---------|--|------------------------------------|---|---|--|
| -       | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements may<br>e name and add   | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |  |
|         | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I                                      | POLITICAL /                        | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |  |
| Α.      | Full Name (Last, First, Middle Initial) MR FREDERICK ELSTON                                    |                                    |   | Date of Receipt   |  |
|         |  | Mailing Address 106 GRAHAM TERRACE |   |   |  |
|         | City<br>SADDLE BROOK   | State<br>NJ                        | Zip Code<br>07663   | Transaction ID: INC.A.46848  Amount of Each Receipt this Period                             |  |
|         | FEC ID number of contributing federal political committee.                                     | C                                  | 07000   | 25.00   |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>TECHNIC               | n<br>CAL SPECIALIST   |   |  |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                          | e Year-to-Date ▼<br>225.00  |   |  |
| В.      | Full Name (Last, First, Middle Initial) MR BRAD EPSTEIN  |                                    |   | Date of Receipt   |  |
|         | Mailing Address 359 LONG HILL ROA  | 04 12 2008                         |   |   |  |
|         | City State   |                                    | Zip Code  | Transaction ID: INC.A.47003   |  |
|         | BRIARCLIFF MANOR  FEC ID number of contributing federal political committee.                   | NY C                               | 10510   | Amount of Each Receipt this Period  50.00   |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP COR                | n<br>P COMMUNICATIONS   |   |  |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                          | e Year-to-Date ▼<br>450.00  | ]   |  |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>DR ROBERT EPSTEIN                                   |                                    |   | Date of Receipt   |  |
|         | Mailing Address 75 TWEED BLVD  |                                    |   | 0 4 1 2 2 0 0 8   |  |
|         | City<br>UPPER GRANDVIEW  | State<br>NY                        | Zip Code<br>10960   | Transaction ID: INC.A.46596  Amount of Each Receipt this Period                             |  |
|         | FEC ID number of contributing federal political committee.                                     | C                                  |   | 192.31  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>CMO SV                | n<br>P MEDICAL&ANLYTC AFFI  |   |  |
|         | Receipt For:  Primary  General  Other (specify) ▼  | Aggregate                          | e Year-to-Date ▼<br>1730.79   |   |  |
|         | SUBTOTAL of Receipts This Page (optional)  | 1                                  |   | 267.31  |  |
| t       | TOTAL This Period (last page this line number  | r only)                            |   |   |  |

|                | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  |              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER: PAGE 45 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17   |
|----------------|---|--------------|--|---|
| A              | ny information copied from such Reports and Star for commercial purposes, other than using the r<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. PO   | name and add | dress of any political committee to  | solicit contributions from such committee.  |
| <b>A</b> .     | Full Name (Last, First, Middle Initial) MR YAKOV ESTERLIS  Mailing Address 100 WINSTON DRIVE 17 C NORTH  City CLIFFSIDE PARK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General |              | BENEFIT DELIVERY SYS e Year-to-Date ▼  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| <b>—</b><br>З. | Full Name (Last, First, Middle Initial) RICHARD FARIS Mailing Address 2020 HEATHER COVE  City MEMPHIS FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)           | _            | Zip Code 38119  on LTH OUTCOME SOLUTION: e Year-to-Date  450.00                | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| _              | Full Name (Last, First, Middle Initial) DR RICHARD FEIFER Mailing Address 32 EILEEN DR  City MAHWAH  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)          |              | Zip Code<br>07430<br>on<br>E ENHANCING SOLUTIONS<br>e Year-to-Date ▼<br>450.00 | Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 1 2 2 0 0 8  Transaction ID: INC.A.46731  Amount of Each Receipt this Period  50.00 |
|                | SUBTOTAL of Receipts This Page (optional)   |              |  | 125.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                              | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 46 / 281 (check only one)    X                                      |
|--|------------------------------|---|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements may<br>name and ado | not be sold or used by any perso<br>ress of any political committee to  | on for the purpose of soliciting contributions solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL A                   | CTION COMMITTEE (a.k.a  | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MR THOMAS FEITEL   |                              |   | Date of Receipt   |
| Mailing Address 58 APPLE HILL DR   |                              |   | M M       /       D D       /       Y Y Y Y Y         0 4       1 2       2 0 0 8         |
| City   | State                        | Zip Code  | Transaction ID: INC.A.46780   |
| GILLETTE   | NJ                           | 07933   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C                            |   | 192.23  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP COF        | RP MKTG & E-COMM  |   |
| Receipt For:   | Aggregate                    | Year-to-Date ▼  |   |
| Primary General Other (specify) ▼  | 0 0                          | 1537.84   |   |
| Full Name (Last, First, Middle Initial) MR STUART FELDMAN  |                              |   | Date of Receipt   |
| Mailing Address 109 MEADOWBROOK  | ROAD                         |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                        | Zip Code  | Transaction ID: INC.A.46594   |
| RANDOLPH   | NJ                           | 07869   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С                            |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>EXEC DI        | R E-COMM STRAT & DELI\  | /   |
| Receipt For: Primary General Other (specify)   | Aggregate                    | Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial) MS DAWN FELDNER  |                              |   | Date of Receipt   |
| Mailing Address 275 BIRCH STREET   |                              |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                        | Zip Code  | Transaction ID: INC.A.46921   |
| EMERSON  | NJ                           | 07630   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C                            |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR BUS           | INESS REQUIREMENTS  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                    | Year-to-Date ▼<br>225.00  |   |
| Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)   |                              |   | 242.23  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 47 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16  |  |  |
|---|---|---|--|--|
| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)                         | d Statements may not be sold or used by any post the name and address of any political committee.  C. POLITICAL ACTION COMMITTEE (a | person for the purpose of soliciting contributions ee to solicit contributions from such committee.  a.k.a. Medco Health PAC) |  |  |
| Full Name (Last, First, Middle Initial) MR THOMAS FERRAZZANO Mailing Address 464 SPRING AVE. City | State Zip Code  | Date of Receipt  O 4  |  |  |
| RIDGEWOOD  FEC ID number of contributing federal political committee.                             | NJ 07450  | Amount of Each Receipt this Period  25.00   |  |  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼    | Occupation SR DIR TECHNOLOGY Aggregate Year-to-Date  225.00   |   |  |  |
| Full Name (Last, First, Middle Initial) MR DON FISCHER Mailing Address 10 TRACY CIRCLE            |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |  |  |
| City  | State Zip Code  |   |  |  |
| CAMPBELL HALL  FEC ID number of contributing federal political committee.                         | NY 10916  | Amount of Each Receipt this Period  25.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR TECHNOLOGY  |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 225.00   |   |  |  |
| Full Name (Last, First, Middle Initial) MR EDWARD FISCHER   |   | Date of Receipt   |  |  |
| Mailing Address 465 OLD STONE R   | D   | 0 4 1 2 2 0 0 8   |  |  |
| City  | State Zip Code  | Transaction ID: INC.A.46724   |  |  |
| RIDGEWOOD  FEC ID number of contributing federal political committee.                             | NJ 07450  | Amount of Each Receipt this Period  50.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP CLINICAL PROD INTEGRAT  | ION   |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 450.00   |   |  |  |
| SUBTOTAL of Receipts This Page (optional  | )   | 100.00  |  |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 48 / 281 (check only one)    X           |
|--|-----------------------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F   | e name and add                    | dress of any political committee to   | solicit contributions from such committee.                     |
| Full Name (Last, First, Middle Initial) MR ANTHONY FLOWERS Mailing Address 1933 MT. OLIVE AGOSTA ROAD City NEW BLOOMINGTON FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS | State<br>OH<br>C                  |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Receipt For:  Primary General  Other (specify) ▼   |                                   | HLTH CARE OPS  e Year-to-Date ▼  225.00                                       |  |
| Full Name (Last, First, Middle Initial) CHAD FOREMAN Mailing Address 9544 DOGWOOD ES  City GERMANTOWN  | TATES State TN                    | Zip Code<br>38139   | Date of Receipt    M M   |
| FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify)   | Occupation DIR FINA               | n   | Amount of Each Receipt this Period  25.00                      |
| Full Name (Last, First, Middle Initial)  KEVIN FRANCO  Mailing Address 648 RIVERSIDE DR  #222  City  MEMPHIS  FEC ID number of contributing federal political committee.   | State TN C                        | Zip Code<br>38103   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General  Other (specify) ▼  | Occupatio<br>VP FINA<br>Aggregate |   |  |
| SUBTOTAL of Receipts This Page (optional)  |                                   |   | 100.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | <b>(</b> )                           | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 49 / 281   (check only one)     X   11a                           |
|--|--------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                       | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR JOSEPH FRENDO                                 |                                      |   | Date of Receipt   |
| Mailing Address 9 GREEN HILL TRA   | AIL                                  |   | M M / D D / Y Y Y Y Y A D D D D D D D D D D D D D D                                       |
| City<br>TROPHY CLUB  | State<br>TX                          | Zip Code<br>76262   | Transaction ID: INC.A.46839   |
| FEC ID number of contributing federal political committee.                               | C                                    | 70202   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP NATI                   | n<br>ONAL SERVICE CENTER  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                            | e Year-to-Date ▼<br>850.00  |   |
| Full Name (Last, First, Middle Initial) MR ANDREW FRIEDELL                               |                                      |   | Date of Receipt   |
| Mailing Address 1434 NARRAGANS   | SETT BLVD                            |   | 0 4 1 2 2 0 0 8   |
| City<br>CRANSTON   | State<br>RI                          | Zip Code<br>02905   | Transaction ID: INC.A.46695   |
| FEC ID number of contributing federal political committee.                               | C                                    | 02903   | Amount of Each Receipt this Period  30.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR GOV                   | n<br>/ AFFAIRS  |   |
| Receipt For:  Primary General  Other (specify) ▼   | <del></del>                          | e Year-to-Date ▼ 270.00   |   |
| Full Name (Last, First, Middle Initial) ROBERT FURTH                                     |                                      |   | Date of Receipt   |
| Mailing Address 1450 PORTLAND A  | VENUE                                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>ST PAUL  | State<br>MN                          | Zip Code<br>55104   | Transaction ID: INC.A.47057  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                               | C                                    |   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation GENERA                    |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                            | Year-to-Date ▼<br>225.00  |   |
| SUBTOTAL of Receipts This Page (optional   | <u> </u>                             |   | 105.00  |

| ITEMIZED RECEIPTS   | ,                                   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:   PAGE 50 / 281   (check only one)  |
|---|-------------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using t | I Statements may<br>he name and add | not be sold or used by any persolress of any political committee to     | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC.                                     | . POLITICAL A                       | CTION COMMITTEE (a.k.a  | ı. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MR JOSEPH GALARDI                                   |                                     |   | Date of Receipt  |
| Mailing Address 24 MOREHOUSE PL   |                                     |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  | State                               | Zip Code  | Transaction ID: INC.A.46593  |
| NEW PROVIDENCE  | NJ                                  | 07974   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                  | C                                   |   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP & CO                  |   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                           | Year-to-Date ▼<br>450.00  |  |
| Full Name (Last, First, Middle Initial) MS PAMELA GALASSINI                                 |                                     |   | Date of Receipt  |
| Mailing Address 720 N. LARRABEE APT 1701  |                                     |   | 0 4 1 2 2 0 0 8  Transaction ID: INC.A.46961   |
| City  | ,                                   |   |  |
| CHICAGO   | <u>IL</u>                           | 60610   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                  | C                                   |   | 192.31   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP & G                  | n<br>ENERAL MGR   |  |
| Receipt For:  | Aggregate                           | Year-to-Date ▼  |  |
| Primary General Other (specify) ▼   |                                     | 1730.79   |  |
| Full Name (Last, First, Middle Initial) MS PATRICIA GALLAGHER                               |                                     |   | Date of Receipt  |
| Mailing Address 842 ASHLER CT   |                                     |   | 04 12 2008   |
| City  | State                               | Zip Code  | Transaction ID: INC.A.46922  |
| COLUMBUS  | OH                                  | 43235   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                  | C                                   |   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation NATL AC                  | CT EXEC   |  |
| Receipt For:  | Aggregate                           | Year-to-Date ▼  |  |
| Primary General Other (specify) ▼   |                                     | 225.00  |  |
|   |                                     |   |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page   | FOR LINE NUMBER: PAGE 51 / 281 (check only one)    X   11a  |
|--|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | Statements may not be sold or used by any perse name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | o solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR BARNEY GALLASSIO Mailing Address 69 LAKEVIEW DR  City OLD TAPPAN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)                   | State Zip Code NJ 07675  C  Occupation VP CLIENT RELATIONS  Aggregate Year-to-Date  450.00                                      | Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) MICHAEL GALVIN Mailing Address 25 BALLYMEADE RC  City HOPEWELL JUNCTION  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)               | State Zip Code NY 12533  C  Occupation SVP/CHIEF INFRASTRUCTURE OF Aggregate Year-to-Date  1730.79                              | Date of Receipt  M M M D D D 2 2 0 0 8  Transaction ID: INC.A.46985  Amount of Each Receipt this Period  192.31 |
| Full Name (Last, First, Middle Initial) MR OMHARAISRIRAM GANGAIKONDAN-IYER Mailing Address 9 CAIRNES ROAD  City MORRIS PLAINS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07950  C  Occupation TECHNICAL SPECIALIST Aggregate Year-to-Date  225.00                                      | Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| SUBTOTAL of Receipts This Page (optional) .  |   | 267.31  |

| ITEMIZED RECEIPTS   | )   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 52 / 281   (check only one)                                       |  |
|---|---|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using t | d Statements may<br>the name and add              | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions solicit contributions from such committee. |  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC.                                     | . POLITICAL A                                     | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |  |
| Full Name (Last, First, Middle Initial) MR PETER GAYLORD                                    |   |   | Date of Receipt   |  |
| Mailing Address 1201 BRIDGE STRE  | ET  |   | 04 12 2008  |  |
| City  | State   | Zip Code  | Transaction ID: INC.A.46592   |  |
| ASBURY PARK  FEC ID number of contributing federal political committee.                     | C   | 07712   | Amount of Each Receipt this Period  50.00   |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP TRE                                | n<br>EASURY & FINANCIAL EVA   | ─<br>L\$  |  |
| Receipt For:  Primary General  Other (specify) ▼  | <del>-                                     </del> | Year-to-Date ▼ 450.00   |   |  |
| Full Name (Last, First, Middle Initial) MR FRANK GENTILELLA                                 |   |   | Date of Receipt   |  |
| Mailing Address 20 BROOKSHIRE D   |   |   |   |  |
| City<br>ROBBINSVII I E  | City State ROBBINSVILLE NJ                        |   | Transaction ID: INC.A.46703   |  |
| FEC ID number of contributing federal political committee.                                  | C   | 08691   | Amount of Each Receipt this Period  50.00   |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation GENERA                                 | n<br>AL MGR GROUP   |   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate   | Year-to-Date ▼ 450.00   |   |  |
| Full Name (Last, First, Middle Initial) MATTHEW GIBBS                                       |   |   | Date of Receipt   |  |
| Mailing Address 27 N. WACKER DR. SUITE 246  |   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |
| City<br>CHICAGO   | State<br>IL                                       | Zip Code<br>60606   | Transaction ID: INC.A.47033   |  |
| FEC ID number of contributing federal political committee.                                  | C   | 00000   | Amount of Each Receipt this Period 75.00  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation CHIEF C                                | n<br>LINICAL OFFICER  |   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate   | Year-to-Date ▼ 675.00   |   |  |
| SUBTOTAL of Receipts This Page (optional)   |   |   | 175.00  |  |

| ITEMIZED RECEIPTS   |                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)    X   11a   |
|---|-------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | ne name and add               | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR ROBERT GIBBS Mailing Address 544 DENMOOR COU  City GALLOWAY  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: | State OH C Occupation DIR PHA | Zip Code<br>43119<br>n<br>NRM PRACTICE<br>e Year-to-Date ▼                    | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR THOMAS GILSON Mailing Address 2 PELL FARM ROAD City   | )<br>State                    | 212.50<br>Zip Code  | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y                          |
| SADDLE RIVER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  □ Primary □ General □ Other (specify) ▼  |                               | n<br>ENERAL MGR<br>Year-to-Date ▼<br>1730.79                                  | Amount of Each Receipt this Period  192.31  |
| Full Name (Last, First, Middle Initial) MR SCOTT GILYARD Mailing Address 305 BERGAMOT DR  City MEDINA  FEC ID number of contributing federal political committee.   | State MN                      | Zip Code<br>55340   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  Other (specify) ▼   | Occupation PRES UI            |   |   |
| SUBTOTAL of Receipts This Page (optional)   |                               |   | 397.11  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 54 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 11         |
|---|--|--|
| NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any person are name and address of any political committee to see POLITICAL ACTION COMMITTEE (a.k.a. | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR JONAH GITLITZ Mailing Address 43 OVERLOOK RIDO City OAKLAND FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)            | State Zip Code NJ 07436  C  Occupation SR NATL ACCT EXEC Aggregate Year-to-Date  450.00  | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| Full Name (Last, First, Middle Initial) MR JAMES GORMAN Mailing Address 11 WASHBURN RD  City CANTON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)              | State Zip Code CT 06022  C  Occupation SR DIR CLIENT & MKT PROG STRAT Aggregate Year-to-Date  225.00                                       | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| Full Name (Last, First, Middle Initial) MR JAMES GRANT, JR  Mailing Address 1928 BEVERLY LAN  City BUFFALO GROVE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code IL 60089  C  Occupation VP FINANCIAL INSIGHTS Aggregate Year-to-Date  450.00  | Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| SUBTOTAL of Receipts This Page (optional)   | <b>•</b>   | 125.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>^</b> )                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 55 / 281   (check only one)   |
|--|---------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                        | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR EDWARD GRIX                                   |                                       |   | Date of Receipt   |
| Mailing Address 525 ORANGEBUR  | G RD                                  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City PEARL RIVER   | State<br>NY                           | Zip Code<br>10965   | Transaction ID: INC.A.46734  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C                                     | 10000   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR E                   | n<br>E-COM BUSINESS OPS   |   |
| Receipt For:  Primary General  Other (specify) ▼   |                                       | Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial) MS GINA GRUHN                                    | <b>I</b>                              |   | Date of Receipt   |
| Mailing Address 13 WEATHER VAN   | NE DRIVE                              | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                   |   |
| CONVENT STATION  | State Zip Code VENT STATION NJ 07960  |   | Transaction ID: INC.A.46773  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C                                     | 07300   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>BEGION                  | n<br>AL VP SALES-SYSTEMED   |   |
| Receipt For:  Primary General  Other (specify) ▼   |                                       | Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial) MR RICHARD GUIOR                                 |                                       |   | Date of Receipt   |
| Mailing Address 50 BELLEVUE AVE  | Ē                                     |   | M M / D D / Y Y Y Y Y O 8   |
| City<br>SUMMIT   | State<br>NJ                           | Zip Code<br>07901   | Transaction ID: INC.A.46613  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C                                     | 07001   | 90.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation GROUP                      |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | <del> </del>                          | Year-to-Date ▼ 810.00   |   |
| SUBTOTAL of Receipts This Page (optional   |                                       |   | 140.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and     | for each category of the Detailed Summary Page  Statements may not be sold or used by any pers | FOR LINE NUMBER: PAGE 56 / 281 (check only one)    X            |
|--|--|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)                 | POLITICAL ACTION COMMITTEE (a.k.   | to solicit contributions from such committee.                   |
| Full Name (Last, First, Middle Initial) MS KAVITHA GULLAPALLI Mailing Address 67 ATHERTON CT |  | Date of Receipt   |
| City   | State Zip Code   | 0 4 1 2 2 0 0 8 Transaction ID: INC.A.46715                     |
| WAYNE  FEC ID number of contributing federal political committee.                            | NJ 07470   | Amount of Each Receipt this Period  25.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR ISD   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  225.00   |   |
| Full Name (Last, First, Middle Initial)  MR MARK HALLORAN  Mailing Address 19 KINGS RIDGE RO | DAD  | Date of Receipt   |
| City<br>LONG VALLEY  | State Zip Code NJ 07853  | Transaction ID: INC.A.46849  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                   | C  | 192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation CHIEF INFO OFFICER  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 1730.79   |   |
| Full Name (Last, First, Middle Initial)  MR GREGORY HANSEN                                   |  | Date of Receipt   |
| Mailing Address 1659 ISABELLA PAF  |  | 04 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| City<br><u>CHASKA</u>  | State Zip Code MN 55318  | Transaction ID: INC.A.46960  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                   | C  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP ACCT SVCS & ADMIN  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 450.00  |   |
| SUBTOTAL of Receipts This Page (optional)  |  | 267.31  |

| SOMERSET  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  Other (specify)  Full Name (Last, First, Middle Initial) MR CHRISTOPHER HARLOW  Mailing Address 8 PROSPECT PLACE  City POMPTON PLAINS  | e and address of any political committee to s | Medco Health PAC)   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)  MS KELLY HANZAWA  Mailing Address 1116 OAKCROFT LANE  City  SOMERSET  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  Other (specify)  Full Name (Last, First, Middle Initial) MR CHRISTOPHER HARLOW  Mailing Address 8 PROSPECT PLACE  City POMPTON PLAINS | IIUAL AUTION COMMITTEE (a.k.a.                |   |  |
| MS KELLY HANZAWA  Mailing Address 1116 OAKCROFT LANE  City SOMERSET  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR CHRISTOPHER HARLOW  Mailing Address 8 PROSPECT PLACE  City POMPTON PLAINS   |   |   |  |
| City SOMERSET  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MR CHRISTOPHER HARLOW  Mailing Address 8 PROSPECT PLACE  City POMPTON PLAINS   |   | Date of Receipt   |  |
| SOMERSET  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MR CHRISTOPHER HARLOW  Mailing Address 8 PROSPECT PLACE  City POMPTON PLAINS  |   | 04 12 2008  |  |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MR CHRISTOPHER HARLOW  Mailing Address 8 PROSPECT PLACE  City POMPTON PLAINS  | State Zip Code NJ 08873                       | Transaction ID: INC.A.46923  Amount of Each Receipt this Period |  |
| Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Initial) MR CHRISTOPHER HARLOW Mailing Address 8 PROSPECT PLACE  City POMPTON PLAINS  | C   | 25.00   |  |
| Primary General Other (specify)  Full Name (Last, First, Middle Initial) MR CHRISTOPHER HARLOW Mailing Address 8 PROSPECT PLACE  City POMPTON PLAINS  | ccupation IR ACCT MGMT OPS                    | 1   |  |
| MR CHRISTOPHER HARLOW  Mailing Address 8 PROSPECT PLACE  City  POMPTON PLAINS   | ggregate Year-to-Date ▼ 225.00                |   |  |
| City POMPTON PLAINS   |   | Date of Receipt   |  |
| POMPTON PLAINS  | Mailing Address 8 PROSPECT PLACE              |   |  |
|   | State Zip Code                                | Transaction ID: INC.A.46642                                     |  |
| FEC ID number of contributing federal political committee.  | NJ 07444<br>C                                 | Amount of Each Receipt this Period  25.00                       |  |
| MEDOO HE'NI TH COLLITIONS   | ccupation<br>R DIR FINANCE                    | 1   |  |
| Receipt For: Primary General Other (specify)  | ggregate Year-to-Date ▼ 225.00                |   |  |
| Full Name (Last, First, Middle Initial) MR CHARLES HARMON Mailing Address 710 BRIDGEBORO ST   |   | Date of Receipt   |  |
|   | O   | 04 12 2008  |  |
|   | State Zip Code<br>NJ 08075                    | Transaction ID: INC.A.46794  Amount of Each Receipt this Period |  |
| FEC ID number of contributing federal political committee.  | C   | 100.00  |  |
|   | ccupation<br>YSTEMS COORD                     | ]   |  |
| Receipt For:  Primary  General  Other (specify) ▼   | ggregate Year-to-Date ▼ 600.00                | ]   |  |
| SUBTOTAL of Receipts This Page (optional)   |   |   |  |

|     | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                     | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:   PAGE 58 / 281   (check only one)   |
|-----|---|---------------------|---|---|
| 0   | Any information copied from such Reports and or for commercial purposes, other than using the | Statements may      | y not be sold or used by any persodress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|     | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.                                      | POLITICAL /         | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
|     | Full Name (Last, First, Middle Initial)<br>SHARON HARRIS                                      |                     |   | Date of Receipt   |
| -   | Mailing Address 186 N. WHITE STAT   | ION RD              |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|     | City  | State               | Zip Code  | Transaction ID: INC.A.47049   |
|     | MEMPHIS   | TN                  | 38117   | Amount of Each Receipt this Period  |
|     | FEC ID number of contributing federal political committee.                                    | C                   |   | 25.00   |
|     | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupatio<br>DIR HR | n   |   |
|     | Receipt For:  Primary General  Other (specify) ▼  | Aggregate           | e Year-to-Date ▼<br>225.00  |   |
| . – | Full Name (Last, First, Middle Initial)<br>MR PETER HARTY                                     |                     |   | Date of Receipt   |
|     | Mailing Address 19520 YELLOW WIN  | 04 12 2008          |   |   |
|     | City<br>COLORADO SPRINGS  | State<br>CO         | Zip Code  | Transaction ID: INC.A.46595   |
|     | FEC ID number of contributing federal political committee.                                    | C                   | 80908   | Amount of Each Receipt this Period  192.31  |
|     | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP GOV | n<br>ERNMENT AFFAIRS  |   |
|     | Receipt For:  Primary General  Other (specify) ▼  | Aggregate           | e Year-to-Date ▼<br>1730.79   | 1   |
|     | Full Name (Last, First, Middle Initial)   |                     |   |   |
| •   | DAN HAYES  Mailing Address 4679 AYRON TERRA   | ACE                 |   | Date of Receipt  0 4 1 2 2 0 0 8  |
|     | City  | State               | Zip Code  | 0 4 1 2 2 0 0 8<br>Transaction ID: INC.A.47043  |
|     | PALM HARBOR   | FL                  | 34685   | Amount of Each Receipt this Period  |
|     | FEC ID number of contributing federal political committee.                                    | C                   |   | 50.00   |
|     | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupatio<br>VP OPS | n   |   |
|     | Receipt For: Primary General  | Aggregate           | e Year-to-Date ▼  |   |
|     | Other (specify) ▼   |                     | 450.00  |   |
|     | SUBTOTAL of Receipts This Page (optional)   |                     |   | 267.31  |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                     | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 59 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|---------------------|---|--|
|         | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad         | dress of any political committee to                                     | solicit contributions from such committee.                                       |
|         | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL           | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)   |
| Α.      | Full Name (Last, First, Middle Initial) MR BILL HEAD  |                     |   | Date of Receipt  |
|         | Mailing Address 501 SLATERS LANE #816   |                     |   | 04 12 4 2008   |
|         | City  | State               | Zip Code  | Transaction ID: INC.A.47013  |
|         | ALEXANDRIA FEC ID number of contributing federal political committee.   | C                   | 22314   | Amount of Each Receipt this Period  25.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR GO   | on<br>V AFFAIRS   |  |
|         | Receipt For:  ☐ Primary ☐ General  Other (specify) ▼  | Aggregate           | e Year-to-Date ▼<br>225.00  |  |
| -<br>В. | Full Name (Last, First, Middle Initial) MR MARK HEGGESTAD  Mailing Address 13210 N. 11TH AVE.                               |                     |   | Date of Receipt  |
|         |   |                     |   | 04 12 2008   |
|         | City<br>PHOENIX   | State<br><b>A</b> Z | Zip Code<br>85029   | Transaction ID: INC.A.46669  Amount of Each Receipt this Period                  |
|         | FEC ID number of contributing federal political committee.  | C                   | 03023   | 25.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP SALE  |   |  |
|         | Receipt For:  Primary  General  Other (specify)   | Aggregate           | e Year-to-Date ▼<br>225.00  |  |
| _<br>С. | Full Name (Last, First, Middle Initial) MR SCOTT HELMUS   |                     |   | Date of Receipt  |
|         | Mailing Address 23 VALLEY RD  |                     |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                      |
|         | City<br>SUCCASUNNA  | State<br>NJ         | Zip Code<br>07876   | Transaction ID: INC.A.46652  |
|         | FEC ID number of contributing federal political committee.  | C                   | 0/8/6   | Amount of Each Receipt this Period  50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP CLIE  | on<br>ENT SOLUTIONS   |  |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate           | e Year-to-Date ▼<br>450.00  |  |
|         | SUBTOTAL of Receipts This Page (optional)   |                     |   | 100.00   |
| T       | TOTAL This Period (last page this line number   | only)               |   |  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 60 / 281 (check only one)    X                   |
|---|---|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)                  | and Statements may not be sold or used by any person g the name and address of any political committee to a loc. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.                             |
| Full Name (Last, First, Middle Initial)  MR ERIC HESS  Mailing Address 10 CARLTON RD      |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
| City FLANDERS  FEC ID number of contributing federal political committee.                 | State Zip Code NJ 07836   | Transaction ID: INC.A.46726  Amount of Each Receipt this Period  50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | Occupation VP ENGINEERING & OPS  Aggregate Year-to-Date ▼  450.00   |  |
| Full Name (Last, First, Middle Initial) MS JANE HILDEBRANDT Mailing Address 35 CASCADE WA | Y   | Date of Receipt    M   |
| City BUTLER FEC ID number of contributing   | State Zip Code NJ 07405   | Transaction ID: INC.A.46744  Amount of Each Receipt this Period  25.00 |
| Receipt For:  Primary  Other (specify) ▼  | Occupation DIR E-COM STRAT & DELIV  Aggregate Year-to-Date   225.00   |  |
| Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON Mailing Address 1 HERITAGE RD   |   | Date of Receipt  |
| City FLORHAM PARK FEC ID number of contributing federal political committee.              | State Zip Code NJ 07932   | Transaction ID: INC.A.46821  Amount of Each Receipt this Period  50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | Occupation REGIONAL VP PHARMACIES  Aggregate Year-to-Date   450.00  |  |
| SUBTOTAL of Receipts This Page (option  | al)   | 125.00   |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                                 | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 61 / 281 (check only one)    X  |
|---------|---|---------------------------------|--|---|
| ,       | Any information copied from such Reports and<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | Statements ma<br>le name and ad | y not be sold or used by any pers<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|         | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL A                     | ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial) MR GLENN HOFFMAN  Mailing Address 974 HILLCREST ROA                                     | <b>^</b> D                      |  | Date of Receipt   |
|         | Walling Address 974 HILLOREST NO.   | 4D                              |  | 04 12 2008  |
|         | City  | State                           | Zip Code   | Transaction ID: INC.A.46897   |
|         | RIDGEWOOD   | NJ                              | 07450  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                               |  | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP FACI            |  |   |
|         | Receipt For:  | Aggregate                       | e Year-to-Date ▼   | _   |
|         | Primary General Other (specify) ▼   |                                 | 450.00   |   |
| _<br>В. | Full Name (Last, First, Middle Initial)<br>MR TIMOTHY HOGAN   |                                 |  | Date of Receipt   |
|         | Mailing Address 9 HIRLE ST  |                                 |  | 04 12 2008  |
|         | City  | State                           | Zip Code   | Transaction ID: INC.A.46739   |
|         | CORNWALL ON HUDSON  | NY                              | 12520  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                               |  | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                                 | CAL SPECIALIST   |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                       | e Year-to-Date ▼<br>225.00   |   |
| _<br>C. | Full Name (Last, First, Middle Initial)<br>MR ROGER HOLLAND   |                                 |  | Date of Receipt   |
|         | Mailing Address 41 SAINT RAPHAEL  |                                 |  | 0 4 1 2 2 0 0 8   |
|         | City  | State                           | Zip Code   | Transaction ID: INC.A.46810   |
|         | LAGUNA NIGUEL   | CA                              | 92677  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                               |  | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP SALE              |  |   |
|         | Receipt For: Primary General Other (specify)  | Aggregate                       | e Year-to-Date ▼<br>450.00   |   |
|         | SUBTOTAL of Receipts This Page (optional)   |                                 |  | 125.00  |
|         | TOTAL This Period (last page this line numbe  |                                 | •  |   |

| SCHEDULE A (FEC ITEMIZED RECEIPT  | •                                      | Use separate schedule(s) for each category of the Detailed Summary Page                                 | FOR LINE NUMBER: PAGE 62 / 281 (check only one)    X  |
|---|--|---|---|
| or for commercial purposes, oth  NAME OF COMMITTEE (In                          | er than using the name and ad<br>Full) | ay not be sold or used by any person<br>ddress of any political committee to<br>ACTION COMMITTEE (a.k.a | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middl<br>ELIZABETH HOLLOWAY<br>Mailing Address 9222 RA  |  |   | Date of Receipt   |
| City CORDOVA  | State                                  | Zip Code<br>38018   | Transaction ID: INC.A.47068  Amount of Each Receipt this Period                             |
| FEC ID number of contributi federal political committee.                        |  | 30010   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROI<br>Receipt For:                         | Aggregat                               | on<br>ANT GENERAL COUNSEL<br>e Year-to-Date ▼   |   |
| Primary Gen Other (specify) ▼   | eral                                   | 225.00  |   |
| Full Name (Last, First, Middl<br>MR STEPHEN HOLODAK<br>Mailing Address 49 S HII |  |   | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y                            |
| City  | State                                  | Zip Code  | Transaction ID: INC.A.46846   |
| ELMSFORD  | NY                                     | 10523   | Amount of Each Receipt this Period  |
| FEC ID number of contributi federal political committee.                        | ng C                                   |   | 80.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTION                                       | VP INTE                                | ERVENTION DELIVERY SYS  | ST .  |
| Receipt For:  Primary Gen  Other (specify) ▼                                    |  | e Year-to-Date ▼ 720.00   | ]   |
| Full Name (Last, First, Middl<br>MS CYNTHIA HORN                                | ,                                      |   | Date of Receipt   |
| Mailing Address 9553 AN   | IDREW DR                               |   | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$                                      |
| City  | State                                  | Zip Code  | Transaction ID: INC.A.47038   |
| TWINSBURG FEC ID number of contributi federal political committee.              | ng C                                   | 44087   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTION                                       | Occupation VP CUS                      |   |   |
| Receipt For:  Primary Gen  Other (specify) ▼                                    | 00 0                                   | e Year-to-Date ▼ 450.00   |   |
| SUBTOTAL of Receipts This   | Page (optional)                        |   | 155.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | )                              | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 63 / 281 (check only one)    X  |
|--|--------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | he name and add                | dress of any political committee to                                     | on for the purpose of soliciting contributions o solicit contributions from such committee.                                       |
| Full Name (Last, First, Middle Initial) MR STEVEN HOROWITZ  Mailing Address 30 AVENUE AT POF APT. 415  City WEST NEW YORK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General | State NJ C Occupation VP BUSI  | Zip Code<br>07093   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 1 2 2 0 0 8  Transaction ID: INC.A.47017  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial) LYNN HOSTMYER Mailing Address 6708 N.W. 112TH  City OKLAHOMA CITY  FEC ID number of contributing federal political committee.  | State<br>OK                    | Zip Code<br>73162   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify) ▼   | -                              | n<br>AL MGR - MULTI BRANCH<br>Year-to-Date ▼<br>225.00                  |   |
| Full Name (Last, First, Middle Initial) MR JEFFREY HULL Mailing Address 2616 S 3B'S & K RD  City GALENA FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  | State OH C Occupation SR DIR H | HLTH CARE OPS   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  |                                | Year-to-Date ▼ 270.00   | 105.00  |

|         | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                                | Use separate schedule(s) for each category of the Detailed Summary Page    | FOR LINE NUMBER: PAGE 64 / 281 (check only one)    X   11a                                  |
|---------|---|--------------------------------|--|---|
| A or    | ny information copied from such Reports and S<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|         | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL A                    | ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial) MS JANE HULSE   |                                |  | Date of Receipt   |
|         | Mailing Address 95 GORDON RD  | 01-1-                          | 7'. 0.4.   | 04 12 2008  |
|         | City<br>ESSEX FELLS   | State<br>NJ                    | Zip Code<br>07021  | Transaction ID: INC.A.46881  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.  | C                              | 07021  | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP FINA             |  |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>450.00   |   |
| —<br>В. | Full Name (Last, First, Middle Initial)<br>MR DAVID ISRAEL  |                                |  | Date of Receipt   |
|         | Mailing Address 730 COLUMBUS AVE  | 04 12 2008                     |  |   |
|         | City  | State                          | Zip Code   | Transaction ID: INC.A.46599   |
|         | NEW YORK FEC ID number of contributing federal political committee.   | C                              | 10025  | Amount of Each Receipt this Period  50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP BUS              | on<br>INESS DEV  |   |
|         | Receipt For: Primary General Other (specify)  | Aggregate                      | e Year-to-Date ▼ 450.00  |   |
| —<br>D. | Full Name (Last, First, Middle Initial) MS SUSAN ITO  |                                |  | Date of Receipt   |
|         | Mailing Address 6366 SW 90TH STRE   | ET                             |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|         | City GAINESVILLE  | State<br>FL                    | Zip Code<br>32608  | Transaction ID: INC.A.46609  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.  | C                              |  | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation EXEC D              | on<br>IR CLINICAL SVCS   | 7   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>450.00   |   |
|         | SUBTOTAL of Receipts This Page (optional) .   |                                |  | 150.00  |
|         | OTAL This Period (last page this line number  | r only)                        | •  |   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | ·)  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 65 / 281   (check only one)                                       |  |  |  |
|---|---|---|---|--|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may<br>the name and add        | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions solicit contributions from such committee. |  |  |  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                    | C. POLITICAL A                              | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |  |  |  |
| Full Name (Last, First, Middle Initial) MS MARIANNE JACKS                                 |   |   | Date of Receipt   |  |  |  |
| Mailing Address 329 MORRIS AVEN   | Mailing Address 329 MORRIS AVENUE           |   |   |  |  |  |
| City  | State                                       | Zip Code  | Transaction ID: INC.A.46635   |  |  |  |
| MOUNTAIN LAKES  | NJ  | 07046   | Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.                                | C   |   | 50.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SR NATL                       | ACCT EXEC   |   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                                   | Year-to-Date ▼ 450.00   |   |  |  |  |
| Full Name (Last, First, Middle Initial) MR WILLIAM JACKSON                                |   |   | Date of Receipt   |  |  |  |
| Mailing Address 56 WARREN RD  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |  |  |  |
| City  | State                                       | Zip Code  | Transaction ID: INC.A.46934   |  |  |  |
| WEST ORANGE   | NJ  | 07052   | Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.                                | C   |   | 50.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation EXEC DI                          | n<br>R MEDICARE OPS   |   |  |  |  |
| Receipt For:  | Aggregate                                   | Year-to-Date V  |   |  |  |  |
| Primary ☐ General Other (specify) ▼   | 0 0   | 450.00  |   |  |  |  |
| Full Name (Last, First, Middle Initial) MR JASON JAMES                                    |   |   | Date of Receipt   |  |  |  |
| Mailing Address RR 2 BOX 2036   |   |   | M M / D D / Y Y Y Y Y O N N N N N N N N N N N N N N                                       |  |  |  |
| City  | State                                       | Zip Code  | Transaction ID: INC.A.46603   |  |  |  |
| CANADENSIS  | PA  | 18325   | Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.                                | C   |   | 30.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR PHY                          | n<br>SICIAN ENGAGEMENT  |   |  |  |  |
| Receipt For:  | Aggregate                                   | Year-to-Date ▼  |   |  |  |  |
| Primary ☐ General Other (specify) ▼   |   | 270.00  |   |  |  |  |
|   | )   |   | 130.00  |  |  |  |

## SCHEDULE A (FEC Form 3X)

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 66 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 11          |
|--|------------------------------|---|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P   | name and add                 | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR TODD JEFFREY Mailing Address 15 ELIZABETH STREE  City DUMONT  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General | State NJ C Occupatio VP PHAR | Zip Code<br>07628   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| Other (specify)  Full Name (Last, First, Middle Initial) ROBERT JINKS Mailing Address 22 PAGE AVE  City  | State                        | 450.00<br>Zip Code  | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| LYNDHURST  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼   |                              | n<br>NESS REQUIREMENTS<br>e Year-to-Date ▼                                    | Amount of Each Receipt this Period 50.00  |
| Full Name (Last, First, Middle Initial) MR WILLIAM JOEL Mailing Address 32 VENTOSA DR  City MORRISTOWN   | State<br>NJ                  | Zip Code<br>07960   | Date of Receipt    M M  |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)   | Occupatio<br>DIR ANA         |   | 25.00   |
| SUBTOTAL of Receipts This Page (optional)  |                              |   | 125.00  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  | <b>X</b> )                 | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 67 / 281 (check only one)    X            |
|---|----------------------------|---|---|
| Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS IN | g the name and add         | dress of any political committee to                                     | solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial)  MR RICHARD JONES  Mailing Address 12 WADE HAMPT  | ON TRAIL                   |   | Date of Receipt   |
| City<br>HENDERSON   | State<br>NV                | Zip Code<br>89052   | Transaction ID: INC.A.46899  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | C                          |   | 25.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼   | Occupation VP/GM Aggregate | Year-to-Date ▼ 425.00   |   |
| Full Name (Last, First, Middle Initial) MS KATHRYN JONSRUD Mailing Address 16357 VICTORIA   | CURVE SE                   |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| City  | State                      | Zip Code  | Transaction ID: INC.A.46769                                     |
| PRIOR LAKE  | MN                         | 55372   | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.  |                            |   | 35.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR CLIE        | n<br>ENT & MKT PROG STRAT   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                  | Year-to-Date ▼ 315.00   |   |
| Full Name (Last, First, Middle Initial)<br>MR JOHN KAPIOSKI   | 1                          |   | Date of Receipt   |
| Mailing Address 8202 MARSH GLE  | EN CT                      |   | 0 4 1 2 2 0 0 8   |
| City<br>TAMPA   | State<br>FL                | Zip Code  | Transaction ID: INC.A.46875                                     |
| FEC ID number of contributing federal political committee.  | C                          | 33647   | Amount of Each Receipt this Period  50.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR F        | n<br>PHARMACY COMPLIANCE  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                  | Year-to-Date ▼ 450.00   |   |
| SUBTOTAL of Receipts This Page (option  | ral)                       |   | 110.00  |

| ITEMIZED RECEIPTS   | ^)  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 68 / 281   (check only one)   |  |  |  |
|---|---|---|---|--|--|--|
| Any information copied from such Reports are or for commercial purposes, other than using | nd Statements may<br>the name and add       | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |  |  |  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                     | C. POLITICAL A                              | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |  |  |  |
| Full Name (Last, First, Middle Initial) MS BECKY KAUS                                     |   |   | Date of Receipt   |  |  |  |
| Mailing Address N81 W18359 TOU  | Mailing Address N81 W18359 TOURS DR         |   |   |  |  |  |
| City  | State<br>WI                                 | Zip Code  | Transaction ID: INC.A.46755   |  |  |  |
| MENOMONEE FALLS  FEC ID number of contributing federal political committee.               | C   | 53051   | Amount of Each Receipt this Period  25.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR (                         | n<br>CLINICAL SVCS  |   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | <del>- ' '</del>                            | e Year-to-Date ▼  225.00  |   |  |  |  |
| Full Name (Last, First, Middle Initial) MR WILLIAM KEELER                                 |   |   | Date of Receipt   |  |  |  |
| Mailing Address 63 MOUNTAIN GL  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |  |  |  |
| City<br>RINGWOOD  | State<br>NJ                                 | Zip Code<br>07456   | Transaction ID: INC.A.46967   |  |  |  |
| FEC ID number of contributing federal political committee.                                | C   | 07430   | Amount of Each Receipt this Period  25.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation TECHNIC                          | n<br>CAL SPECIALIST   |   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | <del>, '</del>                              | e Year-to-Date ▼ 225.00   |   |  |  |  |
| Full Name (Last, First, Middle Initial) MS DEEPTI KEHOE                                   |   |   | Date of Receipt   |  |  |  |
| Mailing Address 995 PINES TERR  |   |   | M M / D D / Y Y Y Y Y O 8   |  |  |  |
| City<br>FRANKLIN LAKES  | State<br>NJ                                 | Zip Code<br>07417   | Transaction ID: INC.A.46679   |  |  |  |
| FEC ID number of contributing federal political committee.                                | C   | 0/41/   | Amount of Each Receipt this Period 50.00  |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation EXEC DI                          | n<br>R ANALYTICAL SVCS  |   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  |   | Year-to-Date ▼ 450.00   |   |  |  |  |
| SUBTOTAL of Receipts This Page (optional  | al)   |   | 100.00  |  |  |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | )  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 69 / 281 (check only one)    X   11a                                |
|--|--|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | he name and add                            | dress of any political committee to                                     | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III Mailing Address 1970 WOODLANDS  City POWELL FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General | State OH C Occupation GENERA               | L MGR GROUP  Year-to-Date ▼   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| Full Name (Last, First, Middle Initial) MR KEVIN KELLY Mailing Address 251 POPLAR AVE  City HACKENSACK FEC ID number of contributing federal political committee.  | State NJ C                                 | Zip Code<br>07601   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR PETER KENNY  Mailing Address 6040 BOULEVARD I   | SR DIR (                                   | CLIENT SVC DELIVERY Year-to-Date ▼  225.00                              | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| City WEST NEW YORK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | State NJ  C  Occupation DIR ACC  Aggregate |   | Transaction ID: INC.A.46924  Amount of Each Receipt this Period  25.00                    |
| SUBTOTAL of Receipts This Page (optional)  |  |   | 75.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                     | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 70 / 281 (check only one)    X   11a                                  |
|--|---------------------|---|---|
| Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. P |                     |   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS LISA KETNER Mailing Address 7 POINT VIEW  |                     |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                |
| City<br>OAKLAND  | State<br>NJ         | Zip Code<br>07436   | Transaction ID: INC.A.46803  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.   | C                   |   | 50.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼   |                     | BER STRATEGY  Year-to-Date   450.00                                     | ]   |
| Full Name (Last, First, Middle Initial)  MS INNA KHANIN  Mailing Address 3403 SPRINGBROOK  | DRIVE               |   | Date of Receipt  0 4 1 2 2 0 0 8  |
| City<br>EDISON   | State<br>NJ         | Zip Code<br>08820   | Transaction ID: INC.A.46987  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.   | C                   |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   |                     | CAL SPECIALIST  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | Year-to-Date ▼ 225.00   | ]   |
| Full Name (Last, First, Middle Initial) MS KARIN KLEINEGGER  |                     |   | Date of Receipt   |
| Mailing Address 121 CONKLING TOWN  | N ROAD              |   | 04 12 7 9 9 9   |
| City<br>CHESTER  | State<br>NY         | Zip Code<br>10918   | Transaction ID: INC.A.46936  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.   | C                   |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR HLTI |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | Year-to-Date ▼ 450.00   | ]   |
| SUBTOTAL of Receipts This Page (optional)  |                     |   | 125.00  |

|         | SCHEDULE A (FEC Form 3X)   |                                | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 71 / 281 (check only one)   |
|---------|--|--------------------------------|---|---|
|         | TEMIZED RECEIPTS   |                                | for each category of the<br>Detailed Summary Page                         | X 11a 11b 11c 12<br>13 14 15 16 11  |
|         | Any information copied from such Reports and sor for commercial purposes, other than using the | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|         | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC.  | POLITICAL /                    | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| ۷.      | Full Name (Last, First, Middle Initial)<br>KENNETH KLEPPER                                     |                                |   | Date of Receipt   |
|         | Mailing Address 295 GLEN PLACE   |                                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|         | City   | State                          | Zip Code  | Transaction ID: INC.A.46973   |
|         | FRANKLIN LAKES   | NJ                             | 07417   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                     | C                              |   | 192.30  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation PRES &              | n<br>CHIEF OPERATING OFFIC  | T<br>Err  |
|         | Receipt For:   | Aggregate                      | e Year-to-Date ▼  |   |
|         | Primary General Other (specify) ▼  | 0 0                            | 1730.70   |   |
| -<br>3. | Full Name (Last, First, Middle Initial)<br>RICHARD KLUSOVSKY                                   |                                |   | Date of Receipt   |
|         | Mailing Address 1016 FAIRWOOD LA   |                                |   | 04 12 7 2008  |
|         | City   | State                          | Zip Code  | Transaction ID: INC.A.47062   |
|         | ACWORTH  | GA                             | 30101   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                     | C                              |   | 25.00   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupatio<br>AVP MA            | n<br>NAGED CARE   |   |
|         | Receipt For: Primary General Other (specify)   | Aggregate                      | e Year-to-Date ▼<br>225.00  |   |
| -<br>:. | Full Name (Last, First, Middle Initial)<br>MR BRADFORD KOGEN                                   |                                |   | Date of Receipt   |
|         | Mailing Address 555 FORBUSH STRE   | ET                             |   | 04 12 2008  |
|         | City   | State                          | Zip Code  | Transaction ID: INC.A.46928   |
|         | BOONTON  | NJ                             | 07005   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                     | C                              |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR              | n<br>CLIENT RETAIL  |   |
|         | Receipt For:   | Aggregate                      | e Year-to-Date ▼  |   |
|         | Primary General Other (specify) ▼  |                                | 225.00  |   |
|         | SUBTOTAL of Receipts This Page (optional) .  |                                |   | 242.30  |
| Γ       |  |                                |   |   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | <b>.)</b>              | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 72 / 281 (check only one)    X            |  |  |
|---|------------------------|---|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC | the name and add       | dress of any political committee to                                     | solicit contributions from such committee.                      |  |  |
| Full Name (Last, First, Middle Initial)  MS KATHLEEN KORDUCKI  Mailing Address 920 CLARK STREE  City  | T<br>State             | Zip Code  | Date of Receipt    M  |  |  |
| BOWLING GREEN  FEC ID number of contributing federal political committee.   | OH C                   | 43402   | Amount of Each Receipt this Period  50.00                       |  |  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼  | <del>'</del>           | ACCT EXEC  Year-to-Date   450.00  |   |  |  |
| Full Name (Last, First, Middle Initial) MS JOANN KRENITSKY  Mailing Address 143 DEERFIELD TE  | ERRACE                 |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |  |  |
| City  | ·                      |   |   |  |  |
| MAHWAH  FEC ID number of contributing federal political committee.  | NJ<br>C                | 07430   | Amount of Each Receipt this Period  25.00                       |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>EXEC DI  | n<br>R PRODUCT  |   |  |  |
| Receipt For: Primary General Other (specify)  | Aggregate              | Year-to-Date ▼ 225.00   |   |  |  |
| Full Name (Last, First, Middle Initial)<br>MR ALEXANDER KRYNICKI  |                        |   | Date of Receipt   |  |  |
| Mailing Address 60 BEECH ROAD   |                        |   | 04 12 2008  |  |  |
| City<br>RANDOLPH  | State<br>NJ            | Zip Code<br>07869   | Transaction ID: INC.A.46618  Amount of Each Receipt this Period |  |  |
| FEC ID number of contributing federal political committee.  | C                      |   | 25.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SR DIR 1 | 1<br>FECHNOLOGY   |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate              | Year-to-Date ▼<br>225.00  |   |  |  |
| SUBTOTAL of Receipts This Page (optional  | )                      |   | 100.00  |  |  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                 | FOR LINE NUMBER: PAGE 73 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16            |
|---|---|--|
| NAME OF COMMITTEE (In Full)   | d Statements may not be sold or used by any person the name and address of any political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS BARBARA KRZAK Mailing Address 495 ISLAND WAY  City | State Zip Code  | Date of Receipt    Date of Receipt   |
| FRANKLIN LAKES  FEC ID number of contributing federal political committee.                    | NJ 07417  | Amount of Each Receipt this Period  55.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼      | Occupation VP E-COM STRATEGY & DELIVERY Aggregate Year-to-Date ▼ 495.00                                 |  |
| Full Name (Last, First, Middle Initial) MR MICHAEL KRZAN Mailing Address 2735 YORK RD         |   | Date of Receipt    M   |
| City  | State Zip Code  | Transaction ID: INC.A.46909  |
| COLUMBUS  FEC ID number of contributing federal political committee.                          | OH 43221  | Amount of Each Receipt this Period  50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS<br>Receipt For:                                    | Occupation REGIONAL VP PHARMACIES  Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 450.00  |  |
| Full Name (Last, First, Middle Initial) MR MANOJ KUMAR  |   | Date of Receipt  |
| Mailing Address 7 SUNRISE WAY   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  | State Zip Code  | Transaction ID: INC.A.46844  |
| TOWACO FEC ID number of contributing federal political committee.                             | NJ 07082  | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR CLIENT REQUIREMENTS  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  225.00  |  |
| SUBTOTAL of Receipts This Page (optional  | )   | 130.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                      | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 74 / 281 (check only one)    X |
|---|--------------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may rene name and address | not be sold or used by any person<br>ess of any political committee to  |  |
| MEDCO HEALTH SOLUTIONS INC.   | POLITICAL AC                         | CTION COMMITTEE (a.k.a  | . Medco Health PAC)                                  |
| Full Name (Last, First, Middle Initial) MATTHEW KUPFERBERG  | VENUE ART                            | #0.I  | Date of Receipt                                      |
| Mailing Address 3235 CAMBRIDGE A  City  | State                                | Zip Code  | 0 4 1 2 2 0 0 8  Transaction ID: INC.A.47028         |
| BRONX   | NY                                   | 10463   | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.  | C                                    |   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SR ATTOR               | RNEY  |  |
| Receipt For:  Primary General  Other (specify) ▼  | <del>- '</del>                       | /ear-to-Date ▼<br>225.00  |  |
| Full Name (Last, First, Middle Initial) JAMES LANGLEY   |                                      |   | Date of Receipt                                      |
| Mailing Address 10921 MAIN RANGE  | TRAIL                                |   | 04 12 7 2008   |
| City  | State                                | Zip Code  | Transaction ID: INC.A.47063                          |
| LITTLETON  FEC ID number of contributing federal political committee.   | C                                    | 80127   | Amount of Each Receipt this Period  50.00            |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation VP REIME                  | BURSEMENT   |  |
| Receipt For:  | Aggregate \                          | rear-to-Date ▼  |  |
| Primary General Other (specify) ▼   | 0 0                                  | 450.00  |  |
| Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER  | <b>1</b>                             |   | Date of Receipt                                      |
| Mailing Address 7017 COBALT WAY   |                                      |   | 04 12 2008   |
| City  | State                                | Zip Code  | Transaction ID: INC.A.46805                          |
| CITRUS HEIGHTS  | CA                                   | 95621   | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.  | C                                    |   | 125.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                                      | OVERNMENT AFFAIRS   |  |
| Receipt For: Primary General Other (specify)  | Aggregate \                          | /ear-to-Date ▼<br>1125.00   |  |
| SUBTOTAL of Receipts This Page (optional)   | •                                    |   | 200.00   |

|                 | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 75 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|-----------------|--|-----------------------|---|--|
| 0               | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F | name and ad           | dress of any political committee to   | o solicit contributions from such committee.                                     |
| ∠<br><b>A</b> . | Full Name (Last, First, Middle Initial) JOSEPH LENZ Mailing Address 6 SHERMAN AVE  | Chata                 | 7in Code  | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
|                 | City WALDWICK  FEC ID number of contributing federal political committee.  | State<br>NJ           | Zip Code<br>07463   | Transaction ID: INC.A.47004  Amount of Each Receipt this Period  25.00           |
|                 | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  □ Primary □ General □ Other (specify) ▼   |                       | n<br>FORMANCE STRATEGY<br>Year-to-Date ▼<br>225.00                            |  |
| —<br>В.         | Full Name (Last, First, Middle Initial) PATRICIA LETCHWORTH Mailing Address 3133 HEATHSTONE (  | COVE                  |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
|                 | City   | State                 | Zip Code  | Transaction ID: INC.A.47065  |
|                 | GERMANTOWN   | TN                    | 38138   | Amount of Each Receipt this Period   |
|                 | FEC ID number of contributing federal political committee.   | C                     |   | 25.00  |
|                 | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupatio<br>DIR REII | n<br>MBURSEMENT   |  |
|                 | Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | e Year-to-Date ▼ 225.00   |  |
| —<br>С.         | Full Name (Last, First, Middle Initial)<br>MR ROBERT LONG  |                       |   | Date of Receipt  |
| <b>.</b>        | Mailing Address 18 HARLIND TERRAC  | E                     |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                      |
|                 | City   | State                 | Zip Code  | Transaction ID: INC.A.46796  |
|                 | RAMSEY FEC ID number of contributing federal political committee.  | NJ<br>C               | 07446   | Amount of Each Receipt this Period  50.00  |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR NATI  | n<br>_ ACCT EXEC  |  |
|                 | Receipt For:  Primary General  Other (specify) ▼   |                       | e Year-to-Date ▼ 450.00   | ]  |
|                 | SUBTOTAL of Receipts This Page (optional)  |                       |   | 100.00   |
|                 | TOTAL This Period (last page this line number  | only)                 |   |  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                   | FOR LINE NUMBER: PAGE 76 / 281 (check only one)    X   |
|---|---|--|
| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any pers<br>g the name and address of any political committee to | on for the purpose of soliciting contributions         |
| MEDCO HEALTH SOLUTIONS IN   | C. POLITICAL ACTION COMMITTEE (a.k.:  | a. Medco Health PAC)                                   |
| Full Name (Last, First, Middle Initial)<br>MR ROSS LUCE   |   | Date of Receipt  |
| Mailing Address 1066 WEST GROV  | VE CT   | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City  | State Zip Code  | Transaction ID: INC.A.46700                            |
| GIBSONIA  | PA 15044  | Amount of Each Receipt this Period                     |
| FEC ID number of contributing federal political committee.  | C   | 15.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM  |  |
| Receipt For:  | Aggregate Year-to-Date ▼  |  |
| Primary General Other (specify) ▼   | 285.00  |  |
| Full Name (Last, First, Middle Initial) MS DEBRA LUDGATE  |   | Date of Receipt  |
| Mailing Address 238 WOODLAND  | AVE   | 04 12 2008   |
| City  | State Zip Code  | Transaction ID: INC.A.46743                            |
| SUMMIT  | NJ 07901  | Amount of Each Receipt this Period                     |
| FEC ID number of contributing federal political committee.  | C   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR MARKETING   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  225.00  |  |
| Full Name (Last, First, Middle Initial) MS VERONA MACMAHON  |   | Date of Receipt  |
| Mailing Address 1504 WEST CULL UNIT G   |   | 04 12 2008   |
| City  | State Zip Code  | Transaction ID: INC.A.46950                            |
| CHICAGO   | IL 60613  | Amount of Each Receipt this Period                     |
| FEC ID number of contributing federal political committee.  | C   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SR DIR ACCT MGMT  |  |
| Receipt For:  | Aggregate Year-to-Date ▼  | _  |
| Primary General Other (specify) ▼   | 225.00  |  |
|   |   | 65.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 77 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16               |
|--|---------------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC   | he name and addr                      | ess of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR KENNETH MALLEY Mailing Address 764 W. SADDLE RIV  City HO HO KUS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General | State NJ  C  Occupation VP PROD       | Zip Code 07423  UCT & CHANNEL MKTING /ear-to-Date ▼                           | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| Full Name (Last, First, Middle Initial)  MR MICHAEL MANDAGLIO  Mailing Address 33 HICKORY TAVE  City  GILLETTE  FEC ID number of contributing federal political committee.   | RN RD State NJ                        | Zip Code<br>07933   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation<br>VP FINAN<br>Aggregate V | CE<br>/ear-to-Date ▼<br>450.00  |   |
| Full Name (Last, First, Middle Initial) MR JOSEPH MARINELLI Mailing Address 351 SOUND BEACH  |                                       |   | Date of Receipt  O 4  D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                               |
| City OLD GREENWICH FEC ID number of contributing federal political committee.  | State<br>CT                           | Zip Code<br>06870   | Transaction ID: INC.A.46684  Amount of Each Receipt this Period  25.00                      |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   |                                       | CARE OPS<br>/ear-to-Date ▼<br>225.00  |   |
| SUBTOTAL of Receipts This Page (optional)  |                                       |   | 125.00  |

| ITEMIZED RECEIPTS   | <b>X</b> )                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 78 / 281   (check only one)  |
|---|---|---|--|
| Any information copied from such Reports a or for commercial purposes, other than using | nd Statements may<br>g the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions oscilcit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                   | C. POLITICAL A                          | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) LORI MARINO                                     |   |   | Date of Receipt  |
| Mailing Address 31 UNDERWOOD  | DRIVE                                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>WEST ORANGE   | State<br>NJ                             | Zip Code<br>07052   | Transaction ID: INC.A.47032  |
| FEC ID number of contributing federal political committee.                              | C                                       | 07032   | Amount of Each Receipt this Period  50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation ASST GE                      | n<br>ENERAL COUNSEL   |  |
| Receipt For:  Primary  General  Other (specify) ▼                                       |   | Year-to-Date ▼ 450.00   |  |
| Full Name (Last, First, Middle Initial) MS TAMARA MARSHALL                              |   |   | Date of Receipt  |
| Mailing Address W144 N7150 TER  | RACE DRIVE                              |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City MENOMONEE FALLS  | State<br>W1                             | Zip Code<br>53051   | Transaction ID: INC.A.46751  Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                              | C                                       | 30001   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation                              | n<br>L ACCT EXEC  |  |
| Receipt For:  Primary General  Other (specify) ▼  |   | e Year-to-Date ▼ 450.00   |  |
| Full Name (Last, First, Middle Initial)<br>SHELLY MARTIN                                |   |   | Date of Receipt  |
| Mailing Address 9536 DOE MEADO  | DW DR                                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>GERMANTOWN  | State<br>TN                             | Zip Code<br>38139   | Transaction ID: INC.A.47069  Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                              | C                                       | 30103   | 25.00  |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation DIR HR                       | n   | 7  |
| Receipt For:  Primary General  Other (specify) ▼  |   | Year-to-Date ▼ 225.00   |  |
| SUBTOTAL of Receipts This Page (options   | al)                                     |   | 125.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | <b>A</b> )                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 79 / 281   (check only one)  |
|---|--|---|--|
| Any information copied from such Reports a or for commercial purposes, other than using | and Statements may<br>g the name and add | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions oscilcit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                   | IC. POLITICAL A                          | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) THOMAS MARTIN                                   |  |   | Date of Receipt  |
| Mailing Address 1882 E LAUREL H   | IOLLOW                                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>GERMANTOWN  | State<br>TN                              | Zip Code<br>38139   | Transaction ID: INC.A.47066  Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                              | C  |   | 50.00  |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation VP COR                        | n<br>P STRAT BUS DEV  |  |
| Receipt For:  Primary General  Other (specify) ▼  |  | Year-to-Date ▼ 450.00   |  |
| Full Name (Last, First, Middle Initial) MR TODD MARTIN                                  | I  |   | Date of Receipt  |
| Mailing Address 11825 SHEPPARE  | OS CROSSING                              |   | 0 4 1 2 2 0 0 8  |
| City<br>CLARKSVILLE   | State<br>MD                              | Zip Code<br>21029   | Transaction ID: INC.A.46710  Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                              | C  | 1100  | 192.30   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation                               | n<br>ENERAL MGR   |  |
| Receipt For:  Primary  General  Other (specify) ▼                                       |  | Year-to-Date ▼<br>1730.70   |  |
| Full Name (Last, First, Middle Initial)<br>MR EDWARD MARTINEZ                           |  |   | Date of Receipt  |
| Mailing Address 35 SALTER PLAC  | E  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>MAPLEWOOD   | State<br>NJ                              | Zip Code<br>07040   | Transaction ID: INC.A.46991  Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                              | C  | 07040   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR F                      | PRODUCT MGMT  |  |
| Receipt For:  Primary General  Other (specify) ▼  |  | Year-to-Date ▼ 225.00   |  |
| SUBTOTAL of Receipts This Page (option  | al)                                      |   | 267.30   |

|                        | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  |                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 80 / 281 (check only one)    X   11a      |
|------------------------|---|-------------------|---|---|
| 0                      | ny information copied from such Reports and St<br>r for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P | name and ad       | dress of any political committee to   | solicit contributions from such committee.                      |
| <b>∠</b><br><b>A</b> . | Full Name (Last, First, Middle Initial) MR ROBERT MATCHETT Mailing Address 27 LAKEVILLE RD  |                   | `   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
|                        | City<br>SUSSEX  | State<br>NJ       | Zip Code<br>07461   | Transaction ID: INC.A.46667                                     |
|                        | FEC ID number of contributing federal political committee.  | C                 | 0/401   | Amount of Each Receipt this Period  25.00                       |
|                        | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼   |                   | n<br>CHNOLOGY<br>e Year-to-Date ▼<br>225.00                                   |   |
| -<br>3.                | Full Name (Last, First, Middle Initial) MR JEFFREY MAY Mailing Address 137 WASHINGTON AV  | /E                |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|                        | City  | State             | Zip Code  | Transaction ID: INC.A.46900                                     |
|                        | HILLSDALE   | NJ                | 07642   | Amount of Each Receipt this Period                              |
|                        | FEC ID number of contributing federal political committee.  | C                 |   | 192.30  |
|                        | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | _ <u> </u>        | UG DISTRIB & CONTROL  |   |
|                        | Receipt For:  Primary General  Other (specify) ▼  | Aggregate         | e Year-to-Date ▼<br>1730.70   |   |
|                        | Full Name (Last, First, Middle Initial) MS PATRICIA MAZZONE Mailing Address 56 PENOBSCOT ST   |                   |   | Date of Receipt   |
|                        | City  | State             | Zip Code  | 04 12 2008  |
|                        | CLIFTON   | NJ                | 07013   | Transaction ID: INC.A.46802  Amount of Each Receipt this Period |
|                        | FEC ID number of contributing federal political committee.  | C                 |   | 25.00   |
|                        | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR | n<br>PRODUCT SVCS   |   |
|                        | Receipt For:  Primary General  Other (specify) ▼  | Aggregate         | e Year-to-Date ▼<br>225.00  |   |
| ,                      | SUBTOTAL of Receipts This Page (optional)   |                   |   | 242.30  |
|                        | TOTAL This Period (last page this line number of  | anly)             |   |   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 81 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17 |
|--|--|---|
| or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)  | and Statements may not be sold or used by any persong the name and address of any political committee to NC. POLITICAL ACTION COMMITTEE (a.k.a | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR SHAMUS MC GUIRE Mailing Address 11 JARDINE COI  City MORRIS PLAINS  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP | JRT  State Zip Code NJ 07950  C  Occupation  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |
| Receipt For:  Primary General  Other (specify) ▼   | VP SALES AND MARKETING  Aggregate Year-to-Date ▼  450.00   |   |
| Full Name (Last, First, Middle Initial) MR DOUG MCCANN Mailing Address 10201 E. 92ND S  City OWASSO  FEC ID number of contributing   | State Zip Code<br>OK 74055   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                    |
| rederal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation DIR PRODUCT DEVELOPMENT Aggregate Year-to-Date  225.00  | 25.00   |
| Full Name (Last, First, Middle Initial) THOMAS MCCANN Mailing Address 9600 DOVE SPR  | ING CV   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |
| City GERMANTOWN  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General   | State Zip Code TN 38139  C  Occupation VP SALES  Aggregate Year-to-Date  450.00  | Transaction ID: INC.A.47071  Amount of Each Receipt this Period  50.00            |
| Other (specify) ▼  SUBTOTAL of Receipts This Page (option  | nal)   | 125.00  |
| TOTAL This Period (last page this line nu  | imber only)  |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 82 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17   |
|---|--|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  | Statements may not be sold or used by any person name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | o solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR THOMAS MCDONALD Mailing Address 0-45 27TH ST  City FAIR LAWN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)        | State Zip Code NJ 07410  C  Occupation DIR TECHNOLOGY  Aggregate Year-to-Date  225.00  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH Mailing Address 87 ROSELAWN RD  City HIGHLAND MILLS FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NY 10930  C  Occupation ASST GENERAL COUNSEL  Aggregate Year-to-Date ▼  1728.00                                     | Date of Receipt    M M   |
| Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA Mailing Address 112 GREEN TERRAC  City WEST MILFORD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | CE WAY  State Zip Code NJ 07480  C  Occupation SVP BUSINESS OPS  Aggregate Year-to-Date   1730.79                                  | Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 1 2 2 0 0 8  Transaction ID: INC.A.46943  Amount of Each Receipt this Period  192.31 |
| SUBTOTAL of Receipts This Page (optional)   |  | 409.31   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | ·)                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 83 / 281   (check only one)                                       |
|---|--------------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                    | C. POLITICAL A                       | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MS BARBARA MENZEL                                 |                                      |   | Date of Receipt   |
| Mailing Address 921 AMARYLLIS AV  | /E                                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>ORADELL   | State<br>NJ                          | Zip Code<br>07649   | Transaction ID: INC.A.46650  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                                | C                                    | 07043   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR BUS                   | n<br>INESS PLANNING & ADMIN   | <u> </u>  |
| Receipt For:  Primary  General  Other (specify) ▼   |                                      | Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial) DANETTE MEREDITH                                  |                                      |   | Date of Receipt   |
| Mailing Address 600 W 2ND AVE   |                                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>DERRY   | State<br>PA                          | Zip Code<br>15627   | Transaction ID: INC.A.47041  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                                | C                                    | 13027   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation GENERA                    | n<br>AL MGR - MULTI BRANCH  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                            | Year-to-Date ▼ 225.00   |   |
| Full Name (Last, First, Middle Initial) DAVID MILLER                                      |                                      |   | Date of Receipt   |
| Mailing Address 7 CLOVER LANE   |                                      |   | M M / D D / Y Y Y Y Y O N N N N N N N N N N N N N N                                       |
| City<br>RANDOLPH  | State<br>NJ                          | Zip Code<br>07869   | Transaction ID: INC.A.46616   |
| FEC ID number of contributing federal political committee.                                | C                                    | 07009   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP LABC                   | n<br>DR RELATIONS   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                            | Year-to-Date ▼ 450.00   |   |
| SUBTOTAL of Receipts This Page (optional  | )                                    |   | 100.00  |

| tion copied from such Reports and Sercial purposes, other than using the F COMMITTEE (In Full)  D HEALTH SOLUTIONS INC. For the (Last, First, Middle Initial)  REN MILLER  Address 34 MACKENZIE LANE  LE  Dumber of contributing colitical committee.  Employer HEALTH SOLUTIONS  For: mary General Der (specify)   General Der (specify)   LE (Last, First, Middle Initial)  ANNI MINARDI  Address 12 LINCOLN ROAD  CON  Dumber of contributing colitical committee.  | POLITICAL A State NJ C Occupation EXEC DI Aggregate State NJ  | ACTION COMMITTEE (a.k.a   | Date of Receipt  
|--|---|---|--|
| The (Last, First, Middle Initial) REN MILLER Address 34 MACKENZIE LANE  LLE  The number of contributing olitical committee.  Employer HEALTH SOLUTIONS  For: The (Last, First, Middle Initial) TANNI MINARDI | State NJ  C  Occupation EXEC DI  Aggregate  State NJ  | Zip Code 07834  n R INTERNAL AUDIT e Year-to-Date  ▼ 270.00   | Date of Receipt    M   M   D   D   2 0 0 8   |
| ACKENZIE LANE  Address 34 MACKENZIE LANE  LE  number of contributing olitical committee.  Employer HEALTH SOLUTIONS  For: mary General ner (specify)  ANNI MINARDI Address 12 LINCOLN ROAD  LON  number of contributing  | State NJ  C  Occupation EXEC DI Aggregate  State NJ   | n R INTERNAL AUDIT  Year-to-Date ▼  270.00  Zip Code  | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| LLE  number of contributing olitical committee.  Employer HEALTH SOLUTIONS  For: mary General ner (specify) ▼  le (Last, First, Middle Initial) ANNI MINARDI Address 12 LINCOLN ROAD  LON number of contributing   | State NJ  C  Occupation EXEC DI Aggregate  State NJ   | n R INTERNAL AUDIT  Year-to-Date ▼  270.00  Zip Code  | Date of Receipt    Date of Receipt   |
| mumber of contributing colitical committee.  Employer HEALTH SOLUTIONS  For: General contributing General contributions  Tanking Minardi color 12 LINCOLN ROAD  LON contributing   | Occupation EXEC DI Aggregate State NJ   | n R INTERNAL AUDIT  Year-to-Date ▼  270.00  Zip Code  | Transaction ID: INC.A.46610  Amount of Each Receipt this Period  30.00  Date of Receipt  M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| mumber of contributing colitical committee.  Employer HEALTH SOLUTIONS  For: General contributing General contributions  Tanking Minardi color 12 LINCOLN ROAD  LON contributing   | Occupation EXEC DI Aggregate State NJ   | n<br>R INTERNAL AUDIT<br>Year-to-Date ▼<br>270.00   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Employer HEALTH SOLUTIONS  For: mary General ner (specify)   Ele (Last, First, Middle Initial) ANNI MINARDI Eddress 12 LINCOLN ROAD  LON number of contributing  | Occupation EXEC DI Aggregate State NJ   | R INTERNAL AUDIT  e Year-to-Date  270.00  Zip Code  | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y   |
| For: mary General ner (specify)   le (Last, First, Middle Initial) MANNI MINARDI Middress 12 LINCOLN ROAD  LON number of contributing  | State NJ  | R INTERNAL AUDIT  e Year-to-Date  270.00  Zip Code  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| mary General ner (specify)   le (Last, First, Middle Initial) ANNI MINARDI Address 12 LINCOLN ROAD  LON  number of contributing  | State<br>NJ   | 270.00<br>Zip Code  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| ANNI MINARDI Address 12 LINCOLN ROAD  LON  number of contributing  | NJ  | •   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| _ON  | NJ  | •   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| number of contributing   | NJ  | •   |  |
| number of contributing   |   | 07405   | Amount of Each Receipt this Period   |
|  |   |   |  |
| ontious committee.   | C   |   | 25.00  |
| Employer<br>HEALTH SOLUTIONS   | Occupation SR DIR E   | n<br>E-COM STRAT & DELI   |  |
| For:<br>mary General<br>ner (specify) <b>▼</b>   | Aggregate   | e Year-to-Date ▼<br>225.00  |  |
|  | I   |   | Date of Receipt  |
| Address 106 HAMBURG ROAD   | )   |   | 0 4 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|  | State   | Zip Code  | Transaction ID: INC.A.46623  |
| PPANY  | NJ  | 07054   | Amount of Each Receipt this Period   |
|  | C   |   | 25.00  |
| Employer<br>HEALTH SOLUTIONS   |   |   |  |
| mary General   | Aggregate   | e Year-to-Date ▼<br>225.00  |  |
|  | PESH MISTRY Address 106 HAMBURG ROAD  PESH MISTRY  Address 106 HAMBURG ROAD  PPANY  number of contributing olitical committee.  Employer HEALTH SOLUTIONS  For: | De (Last, First, Middle Initial) PESH MISTRY Address 106 HAMBURG ROAD  State NJ  PPANY Dumber of contributing olitical committee.  Employer HEALTH SOLUTIONS  For: Mary  General  General | De (Last, First, Middle Initial) PESH MISTRY Address 106 HAMBURG ROAD  State Zip Code NJ 07054  C  Employer HEALTH SOLUTIONS  For: mary General  General   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate sched for each category of Detailed Summary F                    | the (check only only)  |
|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by a name and address of any political cor | any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS INC.   | POLITICAL ACTION COMMITTE   | EE (a.k.a. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial)  MS JULIANA MOLEK  Mailing Address 17584 WEXFORD DE                               | 1   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>EDEN PRAIRIE  | State Zip Code<br>MN 55347  | Transaction ID: INC.A.46717 Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR SPECIAL MARKETS   | S  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  | 5.00   |
| Full Name (Last, First, Middle Initial) MR PETER MONKHOUSE Mailing Address 1320 BRONCO CIR                                |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>WARRINGTON  | State Zip Code<br>PA 18976  | Transaction ID: INC.A.46725  Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR BENEFIT DELIVERY  | r sys  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  | 5.00   |
| Full Name (Last, First, Middle Initial)<br>MR THOMAS MORIARTY   |   | Date of Receipt  |
| Mailing Address 86 WELLINGTON AV  | ENUE  | 04 12 2008   |
| City<br>SHORT HILLS   | State Zip Code<br>NJ 07078  | Transaction ID: INC.A.46600  |
| FEC ID number of contributing federal political committee.  | C   | Amount of Each Receipt this Period 192.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP PHARMACEUTICAL CO  | DNTRACTING   |
| Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date ▼  | 8.00   |
| SUBTOTAL of Receipts This Page (optional) .   |   | 242.00   |
| TOTAL This Period (last page this line numbe  | only)   |  |

|          | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                                | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 86 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17          |
|----------|---|--------------------------------|---|---|
|          | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|          | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL                      | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α.       | Full Name (Last, First, Middle Initial) MS THERESA MORMILE  | <u> </u>                       |   | Date of Receipt   |
|          | Mailing Address 59 VALLEY VIEW TE   | K                              |   | 04 12 2008  |
|          | City<br>MONTVALE  | State<br>NJ                    | Zip Code<br>07645   | Transaction ID: INC.A.46901  Amount of Each Receipt this Period                           |
|          | FEC ID number of contributing federal political committee.  | C                              | 07045   | 50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP FINA             |   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>450.00  |   |
| В.       | Full Name (Last, First, Middle Initial) MR ROBERT MULLER Mailing Address 69 FERN PLACE                                      |                                |   | Date of Receipt   |
|          | City  | State                          | Zip Code  | 04 12 2008  |
|          | PARAMUS   | NJ                             | 07652   | Transaction ID: INC.A.46912  Amount of Each Receipt this Period                           |
|          | FEC ID number of contributing federal political committee.  | C                              |   | 50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP HLTI             | on<br>H BUS CLIENT ENROLLMN   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 450.00   |   |
| С.<br>С. | Full Name (Last, First, Middle Initial) MS BECKY NAGLE  |                                |   | Date of Receipt   |
|          | Mailing Address 64 WALTER AVE   |                                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|          | City HASBROUCK HEIGHTS  | State<br>NJ                    | Zip Code<br>07604   | Transaction ID: INC.A.46655  Amount of Each Receipt this Period                           |
|          | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP CLIN             | on<br>IICAL SVCS  |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | <del>, '</del>                 | e Year-to-Date ▼ 225.00   |   |
|          | SUBTOTAL of Receipts This Page (optional)   | 1                              |   | 125.00  |
| f        | TOTAL This Period (last page this line number   | only)                          |   |   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Use separate se for each category Detailed Sumn       | ory of the (Check only one)   |
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| Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | the name and address of any politic                   | led by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.  MITTEE (a.k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MS BARBARA NEAVERTH Mailing Address PO BOX 523   |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City SUGAR LOAF FEC ID number of contributing  | State Zip Code<br>NY 10981                            | Transaction ID: INC.A.46639  Amount of Each Receipt this Period  25.00  |
| Receipt For:  Primary  Other (specify) ▼   | Occupation SR DIR BUSINESS REC Aggregate Year-to-Date | QUIREMENTS 225.00   |
| Full Name (Last, First, Middle Initial)  MS ARLENE NELSON  Mailing Address 17 GARFIELD PLA   | DE DE   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City RIDGEWOOD FEC ID number of contributing   | State Zip Code NJ 07450                               | Transaction ID: INC.A.46685  Amount of Each Receipt this Period  50.00  |
| Receipt For:  Primary  Other (specify) ▼   | Occupation VP FINANCE Aggregate Year-to-Date          | 450.00  |
| Full Name (Last, First, Middle Initial) MS JANINE NOWATZKY Mailing Address 24 CHEROKEE TR  | AIL   | Date of Receipt   |
| City  OAKLAND  FEC ID number of contributing federal political committee.  | State Zip Code<br>NJ 07436                            | 0 4   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR DIR MARKET STRA                      | TEGY  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼                              | 225.00  |
| SUBTOTAL of Receipts This Page (optional   | )   | 100.00  |

|              | HEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 88 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17            |
|--------------|--|--------------------------------|---|---|
| Any<br>or fo | information copied from such Reports and Sor commercial purposes, other than using the         | statements may<br>name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \            | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                   | POLITICAL A                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| <b>A.</b> _! | Full Name (Last, First, Middle Initial)<br>MR ROBERT O'CONNELL                                 |                                |   | Date of Receipt   |
| _            | Mailing Address 12001 PEONY CT   | State                          | Zip Code  | 0 4 1 2 2 0 0 8  Transaction ID: INC.A.46681  |
|              | TAMPA  | FL                             | 33635   | Amount of Each Receipt this Period  |
| -<br>F       | FEC ID number of contributing ederal political committee.                                      | С                              |   | 25.00   |
| <u>1</u>     | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR SEC             |   |   |
| F            | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | Year-to-Date ▼<br>225.00  |   |
| <b>B.</b> _! | Full Name (Last, First, Middle Initial) MR CHARLES OESTREICHER Mailing Address 6 PARK DR SOUTH | l                              |   | Date of Receipt   |
| Į.           | Vialling Address 6 FARK DR SOUTH   |                                |   | 04 12 2008  |
|              | Dity   | State                          | Zip Code  | Transaction ID: INC.A.46925   |
| <u> </u>     | RYE  | NY                             | 10580   | Amount of Each Receipt this Period  |
|              | FEC ID number of contributing ederal political committee.                                      | С                              |   | 50.00   |
| _            | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP E-CC             | n<br>DM STRATEGY & DELIVER  | Y   |
| F            | Receipt For: Primary General Other (specify)   | Aggregate                      | e Year-to-Date ▼<br>450.00  | ]   |
|              | Full Name (Last, First, Middle Initial)<br>MR SUNNY OGBONDA                                    |                                |   | Date of Receipt   |
| _            | Mailing Address 79 LAUREL WOOD Co  | OURT                           |   | 04 12 2008  |
|              | City<br>ROCKAWAY TOWNSHIP  | State<br>NJ                    | Zip Code  | Transaction ID: INC.A.46624   |
| -<br>F       | FEC ID number of contributing ederal political committee.                                      | C                              | 07866   | Amount of Each Receipt this Period  25.00   |
| <u>-</u> 1   | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR BUS             | n<br>SINESS REQUIREMENTS  |   |
| F            | Receipt For:   | Aggregate                      | e Year-to-Date ▼  |   |
|              | Primary General Other (specify) ▼  |                                | 225.00  |   |
| su           | BTOTAL of Receipts This Page (optional)  |                                | <b>\</b>  | 100.00  |
|              | TAL This Period (last page this line number  |                                | <u> </u>  |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 89 / 281 (check only one)    X                                      |
|---|------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | ne name and add              | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR MELVIN OHL Mailing Address 274 E FRANKLIN TP  City RIDGEWOOD FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: | State NJ C Occupation VP PRO | Zip Code 07450  n CUREMENT & INVENTORY  | Date of Receipt  M M M / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                          |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MRS SUE OLIVER Mailing Address 11 LEE DRIVE  |                              | 450.00  | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
| City NORTH HALEDON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   |                              | Zip Code 07508  n IR TECHNOLOGY e Year-to-Date  ▼ 450.00                      | Transaction ID: INC.A.46884  Amount of Each Receipt this Period  50.00                    |
| Full Name (Last, First, Middle Initial) MS CLAUDINE OLSEN Mailing Address 4 HIGHGATE CT  City SUFFERN  FEC ID number of contributing federal political committee.   | State<br>NY                  | Zip Code<br>10901   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | <del></del>                  | n<br>ACCT MGMT<br>e Year-to-Date ▼<br>225.00                                  |   |
| SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number  |                              | •   | 125.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate sche<br>for each category o<br>Detailed Summary                         | f the   |
|---|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F  | name and address of any political co   | y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.  EE (a.k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) ALEXANDER ONIK Mailing Address 1 SCHINDLER CT  City UPPER SADDLE RIVER  FEC ID number of contributing   | State Zip Code<br>NJ 07458   | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Receipt For:  Primary  Other (specify)  General   | Occupation TECHNICAL SPECIALIST Aggregate Year-to-Date  2                            | 25.00   |
| Full Name (Last, First, Middle Initial)  MS NATALYA ONIK  Mailing Address 1 SCHINDLER CT  City  UPPER SADDLE RIVER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State Zip Code NJ 07458  C  Occupation DIR TECHNOLOGY  Aggregate Year-to-Date  2     | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) MS LUDIVINA PACAMARRA Mailing Address 4 TEAK COURT  City RINGWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)            | State Zip Code NJ 07456  C  Occupation EXEC DIR TECHNOLOGY Aggregate Year-to-Date  4 | Date of Receipt  M M M / 12 / 2008  Transaction ID: INC.A.46860  Amount of Each Receipt this Period  50.00                                    |
| SUBTOTAL of Receipts This Page (optional)   |  | 100.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | for each   | arate schedule(s)<br>category of the<br>Summary Page | FOR LINE NUMBER: PAGE 91 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|---|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be solone name and address of any | d or used by any person<br>political committee to    | on for the purpose of soliciting contributions                                |
| MEDCO HEALTH SOLUTIONS INC.   | POLITICAL ACTION C                                   | OMMITTEE (a.k.a                                      | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MS DAWN PAGANO  |  |  | Date of Receipt   |
| Mailing Address 185 PASCACK ROA  City   | D<br>State Zip Co                                    | do   | 0 4 1 2 2 0 0 8 2 1 1 1 2 2 0 0 8   |
| PARK RIDGE  | NJ 07656   |  | Transaction ID: INC.A.46859  Amount of Each Receipt this Period               |
| FEC ID number of contributing federal political committee.  | C  |  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>GROUP COO                              |  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Da                                 | te ▼ 450.00  |   |
| Full Name (Last, First, Middle Initial) MR RICHARD PAGANO Mailing Address 185 PASCACK RD                                  |  |  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                |
| City  | State Zip Co   |  | Transaction ID: INC.A.46855   |
| PARK RIDGE  FEC ID number of contributing federal political committee.  | NJ 07656   |  | Amount of Each Receipt this Period 25.00                                      |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR BUSINESS                           | S REQUIREMENT  | s   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Da                                 | 225.00   |   |
| Full Name (Last, First, Middle Initial) MRS MICHELE PAIGE   |  |  | Date of Receipt   |
| Mailing Address 12 MILLBROOK CO   | JRT  |  | 04 12 4 2008  |
| City  | State Zip Co   |  | Transaction ID: INC.A.46771   |
| LIVINGSTON  | NJ 07039   |  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C  |  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP RETIREE SOLI                           | UTIONS MKTG  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Da                                 | te ▼ 225.00  |   |
| SUBTOTAL of Receipts This Page (optional)   | 1  | ······   | 100.00  |

|   | LE A (FEC Form 3X)  RECEIPTS   |                                 | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 92 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  |
|---|--|---------------------------------|---|---|
| or for commerc  | n copied from such Reports and Sticial purposes, other than using the COMMITTEE (In Full) HEALTH SOLUTIONS INC. P  | name and add                    | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.  a. Medco Health PAC)                 |
| MS GIRA PA Mailing Add  City  MONMOL  FEC ID nur federal polit  Name of Er MEDCO H  Receipt For | JTH JUNCTION  The property of contributing ical committee.  The property of th |                                 | Zip Code<br>08852<br>on<br>BUSINESS REQUIREMENT<br>e Year-to-Date ▼           | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| MR JAY PA  Mailing Add  City  HAWTHC  FEC ID nur federal polit  Name of Er MEDCO H  Receipt For | DRNE  DESCRIPTION  | State NJ  C  Occupatio DIR E-Co | Zip Code<br>07506<br>on<br>OM STRAT & DELIV<br>e Year-to-Date ▼               | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  LANTANA  FEC ID nur federal polit  Name of Er MEDCO H  Receipt For                        | Iress 2001 MEADOWS AVE  A  The proper of contributing ical committee.  The proper contributions ical committee.  | State TX  C Occupatio VP/GM     | Zip Code<br>76226<br>In Para Para Para Para Para Para Para Par                | Date of Receipt  M M / D D / Y Y Y Y Y  O 4 1 2 2 0 0 8  Transaction ID: INC.A.46818  Amount of Each Receipt this Period  25.00 |
| SUBTOTAL  | of Receipts This Page (optional)   |                                 |   | 75.00   |

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 93 / 281 (check only one)    X  |
|----|--|--------------------|---|---|
| A  | ny information copied from such Reports and S<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. I | e name and ad      | dress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | Full Name (Last, First, Middle Initial)  JIMMY PERREN  Mailing Address 1250 BRAY PARK DR   | REAST              |   | Date of Receipt  0 4 1 2 2 0 0 8  |
|    | City   | State              | Zip Code  | Transaction ID: INC.A.47045   |
|    | COLLIERVILLE   | TN                 | 38017   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C                  |   | 75.00   |
|    | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP REG  | n<br>ULATORY COMPLIANCE   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼ 525.00   |   |
|    | Full Name (Last, First, Middle Initial) MR MICHAEL PETEROY   |                    |   | Date of Receipt   |
|    | Mailing Address 4769 STAVANGER LA  | 04 12 2008         |   |   |
|    | City   | State              | Zip Code  | Transaction ID: INC.A.46842   |
|    | LAS VEGAS  | NV                 | 89147   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C                  |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   |                    | DDUCT DEVELOPMENT   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼<br>225.00  |   |
|    | Full Name (Last, First, Middle Initial) MR NATHAN PETERSON Mailing Address 1771 PRESCOTT LAN   | NE                 |   | Date of Receipt   |
|    | City   | State              | Zip Code  | 0 4 1 2 2 0 0 8  Transaction ID: INC.A.46747  |
|    | <u>CHASKA</u>  | MN                 | 55318   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C                  |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation NATL AC | n<br>CCT EXEC   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼<br>225.00  |   |
| Γ, | SUBTOTAL of Receipts This Page (optional)  | •                  |   | 125.00  |

| SCHEDULE A (FEC FOITEMIZED RECEIPTS   | for each of                                      | arate schedule(s)<br>category of the<br>Summary Page | FOR LINE NUMBER: PAGE 94 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16                                    |
|---|--|--|---|
| or for commercial purposes, other  NAME OF COMMITTEE (In Fu   | han using the name and address of any            | political committee to                               | on for the purpose of soliciting contributions a solicit contributions from such committee.  1. Medco Health PAC) |
| Full Name (Last, First, Middle II MR THOMAS PETTYES Mailing Address 8522 UPL/ City MAPLE GROVE FEC ID number of contributing federal political committee. |  | de   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Name of Employer MEDCO HEALTH SOLUTION  Receipt For:  Primary Genera Other (specify) ▼  | Occupation GENERAL MGR GI Aggregate Year-to-Date |  |   |
| Full Name (Last, First, Middle II<br>MARTINE PFLIEGER<br>Mailing Address 44 HENRY   | ,  |  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  | State Zip Coo                                    | de   | Transaction ID: INC.A.47026   |
| LINCOLN PARK  | NJ 07035   |  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C  |  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTION   | Occupation ATTORNEY                              |  |   |
| Receipt For:  Primary Genera  Other (specify) ▼   | Aggregate Year-to-Date                           | e ▼<br>225.00  |   |
| Full Name (Last, First, Middle In MR THOMAS PIERCE  Mailing Address 1050 S. CI  | itial) ARKSON ST                                 |  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  | State Zip Coo                                    | de   | Transaction ID: INC.A.47023   |
| DENVER  | CO 80209   |  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C  |  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTION   | VP LABOR RELATI                                  |  |   |
| Receipt For:  Primary Genera  Other (specify) ▼   | Aggregate Year-to-Dat                            | 450.00   |   |
|   | e (optional)                                     |  | 125.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 95 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16               |
|--|---|---|
| NAME OF COMMITTEE (In Full)  | on d Statements may not be sold or used by any person the name and address of any political committee to the name and address of the name | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) DR PAGE PIGG Mailing Address 9297 ANGLER TRI  City MECHANICSVILLE FEC ID number of contributing federal political committee. | `   | Date of Receipt  M M J D D Z D Z D D S D D D D D D D D D D D D                              |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation DIR CLINICAL SVCS  Aggregate Year-to-Date   225.00   |   |
| Full Name (Last, First, Middle Initial) MS JUDITH PLATKIN Mailing Address 29 BLACKWELL A   | VE  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                |
| City   | State Zip Code  | Transaction ID: INC.A.46612   |
| MORRISTOWN   | NJ 07960  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   | 200.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP & GENERAL MGR  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 1800.00  |   |
| Full Name (Last, First, Middle Initial) MS JANET PORAT   |   | Date of Receipt   |
| Mailing Address 5 CRABAPPLE CT   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State Zip Code  | Transaction ID: INC.A.46708   |
| MONSEY  FEC ID number of contributing federal political committee.   | NY 10952  | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR BUSINESS REQUIREMENTS  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  225.00  |   |
| SUBTOTAL of Receipts This Page (optional   | ıl)   | 250.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | .)  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 96 / 281 (check only one)    X            |
|--|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | the name and add                                  | dress of any political committee to                                     | solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial)  MS LYDIA POTTER  Mailing Address 19642 S.W. 88 LOC  | )P  |   | Date of Receipt  0 4 1 2 2 0 0 8                                |
| City DUNNELLON   | State<br>FL                                       | Zip Code<br>34432   | Transaction ID: INC.A.46927  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | Occupation  |   | 25.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | DIR OPS   |   |   |
| Full Name (Last, First, Middle Initial) MR NEIL PREZIOSO Mailing Address 10258 WINDSOR W   | VAY   |   | Date of Receipt  0 4 1 2 2 0 0 8                                |
| City   | State   | Zip Code  | Transaction ID: INC.A.46827                                     |
| POWELL  FEC ID number of contributing federal political committee.   | ОН  | 43065   | Amount of Each Receipt this Period  50.00                       |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  | <del>-                                     </del> | TO I CARE OPS/FORMULARY/ Year-to-Date ▼ 450.00                          | CDP   |
| Other (specify)  Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE  | 0 0   | 100.00  | Date of Receipt   |
| Mailing Address 875 ALEXANDRIA (   | CT  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City   | State   | Zip Code  | Transaction ID: INC.A.46785                                     |
| RAMSEY  FEC ID number of contributing federal political committee.   | NJ<br>C   | 07446   | Amount of Each Receipt this Period  192.30                      |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP HR                                 | 1   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate   | Year-to-Date ▼ 1730.70  | ]   |
| SUBTOTAL of Receipts This Page (optional   | ·<br>)  |   | 267.30  |

| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  Full Name (Last, First, Middle Initial) | the name and add    | dress of any political committee to | o solicit contributions from such committee.                    |
|--|---------------------|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)  | , POLITICAL A       | ACTION COMMITTEE (a.k.a             | · Master Health DAO   |
|  |                     |                                     | ı. Medco Health PAC)  |
| MR ROBERT PRITCHET   | DDI)/E              |                                     | Date of Receipt   |
| Mailing Address 135 HOLLYBERRY   |                     | 75.00-15                            | 04 12 2008  |
| City HOPEWELL JUNCTION   | State<br>NY         | Zip Code<br>12533                   | Transaction ID: INC.A.46892  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C                   |                                     | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR 0 | ONTRACT ADMINISTRAT                 | —<br>ION  |
| Receipt For:  Primary General  Other (specify)   | Aggregate           | Year-to-Date ▼ 225.00               |   |
| Full Name (Last, First, Middle Initial) MR MARK PROULX   |                     |                                     | Date of Receipt   |
| Mailing Address 20 BRANDY RIDGE  | ROAD                |                                     | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City   | State               | Zip Code                            | Transaction ID: INC.A.46963                                     |
| SPARTA   | NJ                  | 07871                               | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.   | C                   |                                     | 192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP PHA  | n<br>ARMACY & CUST SVC OPS          | 3   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | Year-to-Date ▼<br>1730.79           |   |
| Full Name (Last, First, Middle Initial) SYED QUADRI  |                     |                                     | Date of Receipt   |
| Mailing Address 6040 KENNEDY BL<br>APT 30N   | VD EAST             |                                     | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City<br>WEST NEW YORK  | State<br>NJ         | Zip Code<br>07093                   | Transaction ID: INC.A.46957  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C                   |                                     | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR PRI\ |                                     |   |
| Receipt For:  Primary General  Other (specify)   | Aggregate           | Year-to-Date ▼ 225.00               |   |
| SUBTOTAL of Receipts This Page (optional   | l)                  |                                     | 242.31  |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                                | Use separate schedule(s) for each category of the Detailed Summary Page     | FOR LINE NUMBER: PAGE 98 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17            |
|----------|--|--------------------------------|---|---|
|          | Any information copied from such Reports and sor for commercial purposes, other than using th  NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | ly not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | MEDCO HEALTH SOLUTIONS INC.  | POLITICAL A                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial) MR GILBERT RAINES Mailing Address 800 SANDY TRAIL                                  |                                |   | Date of Receipt   |
|          |  | 01-1-                          | 7's Oads  | 04 12 2008  |
|          | City<br>KELLER   | State<br>TX                    | Zip Code<br>76248   | Transaction ID: INC.A.46980  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.   | С                              |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR HR              | on  |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼ 425.00   |   |
| -<br>В.  | Full Name (Last, First, Middle Initial) MS FRANCES RAO   | 1                              |   | Date of Receipt   |
|          | Mailing Address 19 ROSS ROAD   |                                |   | 04 12 2008  |
|          | City   | State<br>NY                    | Zip Code  | Transaction ID: INC.A.46636   |
|          | SCARSDALE  FEC ID number of contributing federal political committee.  | C                              | 10583   | Amount of Each Receipt this Period  25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation EXEC D              | on<br>IR REGULATORY   |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>225.00  |   |
| с.<br>С. | Full Name (Last, First, Middle Initial)<br>MRS DOLORES RAPUANO   |                                |   | Date of Receipt   |
|          | Mailing Address 57660 BEAVER VALL  | EY RD                          |   | M M / D D / Y Y Y Y Y Y Y 1 2 0 0 8   |
|          | City<br>QUAKER CITY  | State<br>OH                    | Zip Code<br>43773   | Transaction ID: INC.A.46932  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.   | C                              | 43773   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR              | en<br>ELIGIBILITY   |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>225.00  |   |
|          | SUBTOTAL of Receipts This Page (optional) .  |                                |   | 75.00   |
|          | TOTAL This Period (last page this line numbe   | r only)                        |   |   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | ()  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 99 / 281 (check only one)    X                   |
|--|---|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | the name and addr                                 | ess of any political committee to                                       | solicit contributions from such committee.                             |
| Full Name (Last, First, Middle Initial) MS JOANN REED  Mailing Address 4 ANTLER CT  City   | State   | Zip Code  | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y       |
| MATAWAN  FEC ID number of contributing federal political committee.  | NJ  | 07747   | Amount of Each Receipt this Period  65.38                              |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | <del>-                                     </del> | ADVISOR TO COE<br>Year-to-Date ▼<br>588.42                              |  |
| Full Name (Last, First, Middle Initial)  MRS MONICA REED  Mailing Address 8475 DUNHAM STA  | ATION DRIVE                                       |   | Date of Receipt  0 4 1 2 2 0 0 8                                       |
| City TAMPA FEC ID number of contributing   | State<br>FL                                       | Zip Code<br>33647   | Transaction ID: INC.A.46782  Amount of Each Receipt this Period  25.00 |
| Receipt For:  Primary  Other (specify)   | Occupation DIR PHAF                               | RM PRACTICE  Year-to-Date ▼  425.00                                     |  |
| Full Name (Last, First, Middle Initial) MR THOMAS REINCKENS Mailing Address 22 BARTLETT AVE  | <b> </b>  |   | Date of Receipt  |
| City NORWALK FEC ID number of contributing   | State<br>CT                                       | Zip Code<br>06850   | Transaction ID: INC.A.46723  Amount of Each Receipt this Period  50.00 |
| name of Employer MEDCO HEALTH SOLUTIONS  | Occupation  | RECONCILIATION  | 33.30  |
| Receipt For:  Primary  General  Other (specify)  | Aggregate \                                       | Year-to-Date ▼ 450.00   |  |
| SUBTOTAL of Receipts This Page (optional   | i)  |   | 140.38   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | ()  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 100 / 281 (check only one)    X                                       |
|--|---|---|---|
| Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | the name and add                              | dress of any political committee to                                     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR VICTOR RENNA Mailing Address 8 CARLA ANN CT   |   |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                |
| City FLANDERS  FEC ID number of contributing federal political committee.  | State<br>NJ                                   | Zip Code<br>07836   | Transaction ID: INC.A.46929  Amount of Each Receipt this Period  50.00                      |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | <del> </del>                                  | n<br>CUREMENT & INVENTORY<br>e Year-to-Date  450.00                     |   |
| Full Name (Last, First, Middle Initial) MR JOSEPH REYNOLDS Mailing Address 412 RIVER MEWS  | LANE  |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                |
| City EDGEWATER FEC ID number of contributing federal political committee.  | State<br>NJ                                   | Zip Code<br>07020   | Transaction ID: INC.A.46977  Amount of Each Receipt this Period  70.00                      |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | <del>- ' '</del>                              | n<br>IR TECHNOLOGY<br>e Year-to-Date ▼<br>630.00                        |   |
| Full Name (Last, First, Middle Initial) SUZANNE RICHARDS Mailing Address 21357 W 115TH TE  | ER  |   | Date of Receipt   |
| City OLATHE  FEC ID number of contributing federal political committee.  | State<br>KS                                   | Zip Code<br>66061   | Transaction ID: INC.A.47046  Amount of Each Receipt this Period  25.00                      |
| Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify) ▼   | <u>, , , , , , , , , , , , , , , , , , , </u> | n<br>BBUS DEV<br>e Year-to-Date ▼                                       |   |
| SUBTOTAL of Receipts This Page (optional   | J)  |   | 145.00  |

| SCHEDULE A (FEC ITEMIZED RECEIPT  | •                             | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 101 / 281 (check only one)    X                                       |
|---|-------------------------------|---|---|
| Any information copied from sur<br>or for commercial purposes, oth<br>NAME OF COMMITTEE (In |                               | ay not be sold or used by any persoldress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| MEDCO HEALTH SOLU   | JTIONS INC. POLITICAL         | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middl<br>MR DAVID ROBARGE   | ,                             |   | Date of Receipt   |
| Mailing Address 4565 QU  City   | JEENSLAND LN N State          | Zip Code  | 0 4 1 2 2 0 0 8  Transaction ID: INC.A.46666  |
| MINNEAPOLIS   | MN                            | 55446   | Amount of Each Receipt this Period  |
| FEC ID number of contributi federal political committee.                                    | C                             |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTION   | Occupation Occupation OIR CLI | on<br>NICAL SVCS  |   |
| Receipt For:  Primary Gen  Other (specify) ▼  |                               | e Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middl<br>MS SORAYA RODRIGUEZ-BA                                     | ALZAC                         |   | Date of Receipt   |
| Mailing Address 22 PAP  | OOSE TRAIL                    |   | 04 12 2008  |
| City  | State                         | Zip Code  | Transaction ID: INC.A.46976   |
| ANDOVER   | NJ NJ                         | 07821   | Amount of Each Receipt this Period  |
| FEC ID number of contributi federal political committee.                                    | C                             |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTION   | Ons Occupation DIR PUB        | on<br>BLIC AFFAIRS  |   |
| Receipt For: Primary Gen  |                               | e Year-to-Date ▼  |   |
| Other (specify) ▼   |                               | 225.00  |   |
| Full Name (Last, First, Middl<br>MR MICHAEL ROMANZO   | le Initial)                   |   | Date of Receipt   |
| Mailing Address 96 LEHI   | MANN STREET                   |   | M M / D D / Y Y Y Y Y Y Y Y 12 0 0 8  |
| City<br>MAHWAH  | State<br>NJ                   | Zip Code<br>07430   | Transaction ID: INC.A.46721   |
| FEC ID number of contributi federal political committee.                                    |                               | 07430   | Amount of Each Receipt this Period  192.30  |
| Name of Employer<br>MEDCO HEALTH SOLUTION   | Occupation PRESID             | on<br>ENT SYSTEMED  |   |
| Receipt For:  Primary Gen  Other (specify) ▼  | 00 0                          | e Year-to-Date ▼<br>1730.70   |   |
| SUBTOTAL of Receipts This   | Page (optional)               |   | 242.30  |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 102 / 281 (check only one)    X   11a |
|----------|---|--------------------|---|---|
|          | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad      | dress of any political committee to                                     | o solicit contributions from such committee.                |
|          | MEDCO HEALTH SOLUTIONS INC. I   | POLITICAL          | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial) DAVID ROOT  |                    |   | Date of Receipt   |
|          | Mailing Address 212 SPRING BRANCI   | 04 12 4 2008       |   |   |
|          | City<br>WAVERLY   | State<br>VA        | Zip Code<br>23890   | Transaction ID: INC.A.47030                                 |
|          | FEC ID number of contributing federal political committee.  | C                  | 23090   | Amount of Each Receipt this Period  25.00                   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR STA | on<br>ATE GOVERNMENT AFFAIR   |   |
|          | Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼   | Aggregate          | e Year-to-Date ▼<br>225.00  |   |
| ь<br>В.  | Full Name (Last, First, Middle Initial) MS DONNA ROSEN  | 1                  |   | Date of Receipt   |
|          | Mailing Address 7 RED OAK LANE  |                    |   | 04 12 2008  |
|          | City<br>KINNELON  | State<br>NJ        | Zip Code<br>07405   | Transaction ID: INC.A.46893                                 |
|          | FEC ID number of contributing federal political committee.  | C                  | 07403   | Amount of Each Receipt this Period  50.00                   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP OPS  | on<br>-CLINICAL TECH  |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate          | e Year-to-Date ▼<br>450.00  | ]   |
| с.<br>С. | Full Name (Last, First, Middle Initial) DR CHRISTINE ROTTAS   |                    |   | Date of Receipt   |
|          | Mailing Address 7227 RAMOTH DRIVE   | Ξ                  |   | 0 4 1 2 2 0 0 8   |
|          | City  | State<br>FL        | Zip Code  | Transaction ID: INC.A.46690                                 |
|          | JACKSONVILLE  FEC ID number of contributing federal political committee.  | C                  | 32226   | Amount of Each Receipt this Period  50.00                   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation EXEC D  | on<br>IR CLINICAL SVCS  | 7   |
|          | Receipt For:  ☐ Primary ☐ General  Other (specify) ▼  | Aggregate          | e Year-to-Date ▼<br>450.00  |   |
|          | SUBTOTAL of Receipts This Page (optional)   |                    |   | 125.00  |
| Ì        | TOTAL This Period (last page this line number   | onlv)              | ······································                                  |   |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 103 / 281 (check only one)    X  |
|---|--|--|
| or for commercial purposes, other than  NAME OF COMMITTEE (In Full)   | rts and Statements may not be sold or used by any persusing the name and address of any political committee to BINC. POLITICAL ACTION COMMITTEE (a.k.a | o solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR RICHARD RUBINO Mailing Address 3 APACHE DR  City OAKLAND FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07436  C  Occupation SVP FINANCE & CHIEF FIN OFFCE Aggregate Year-to-Date  | Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 1 2 2 0 0 8  Transaction ID: INC.A.46889  Amount of Each Receipt this Period  193.00 |
| Full Name (Last, First, Middle Initial) MR STEVEN RUSSEK Mailing Address 21 SKY TOP R  City OAKLAND FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)   | State Zip Code NJ 07436  C  Occupation VP FORMULARY & COVERAGE MO Aggregate Year-to-Date  450.00   | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y   |
| Full Name (Last, First, Middle Initial) MS MARY RYAN Mailing Address 456 RICHMON  City MAPLEWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   | D AVENUE  State Zip Code NJ 07040  C  Occupation VP PHARMACY REGULATORY  Aggregate Year-to-Date  705.06  | Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 1 2 2 0 0 8  Transaction ID: INC.A.46879  Amount of Each Receipt this Period  78.34  |
| SUBTOTAL of Receipts This Page (or  | tional)  | 321.34   |

| <b>IT</b>  | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  by information copied from such Reports and Sta                         | atements ma           | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 104 / 281 (check only one)    X           |
|------------|--|-----------------------|---|---|
| or         | for commercial purposes, other than using the r<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. Po | name and ad           | dress of any political committee to                                     | solicit contributions from such committee.                      |
| <b>A</b> . | Full Name (Last, First, Middle Initial) MISS CYNTHIA RYLANDS Mailing Address 4836 MIDDLE RD                      |                       |   | Date of Receipt   |
|            |  |                       |   | 04 12 2008  |
|            | City ALLISON PARK  | State<br>PA           | Zip Code  | Transaction ID: INC.A.46910                                     |
|            | FEC ID number of contributing federal political committee.   | C                     | 15101   | Amount of Each Receipt this Period  25.00                       |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>DIR BUS  | n<br>SINESS REQUIREMENTS  |   |
|            | Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | e Year-to-Date ▼<br>225.00  |   |
| —<br>В.    | Full Name (Last, First, Middle Initial) MR MICHAEL SARDONE   |                       |   | Date of Receipt   |
|            | Mailing Address 7 AHERN WAY  |                       |   | 0 4 1 2 2 0 0 8   |
|            | City WEST ORANGE   | State<br>NJ           | Zip Code<br>07052   | Transaction ID: INC.A.46766  Amount of Each Receipt this Period |
|            | FEC ID number of contributing federal political committee.   | C                     |   | 25.00   |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR   | n<br>CLINICAL THERAPEUTICS  |   |
|            | Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | e Year-to-Date ▼ 225.00   |   |
| <br>с.     | Full Name (Last, First, Middle Initial) MR MATTHEW SARDY   |                       |   | Date of Receipt   |
|            | Mailing Address 230 FAIRFIELD AVE.   |                       |   | 04 12 2008  |
|            | City<br>RIDGEWOOD  | State<br>NJ           | Zip Code<br>07450   | Transaction ID: INC.A.46670  Amount of Each Receipt this Period |
|            | FEC ID number of contributing federal political committee.   | C                     | 07430   | 25.00   |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR I | n<br>BUS PLANNING & ADMIN   |   |
|            | Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | e Year-to-Date ▼<br>225.00  |   |
| s          | UBTOTAL of Receipts This Page (optional)   |                       | <b>•</b>  | 75.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | .)                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE   105 / 281   (check only one)                                     |
|---|--------------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions oscilcit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                    | . POLITICAL A                        | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MS BETH SAVARE                                    |                                      |   | Date of Receipt  |
| Mailing Address 27 JONES LN   |                                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>BLAIRSTOWN  | State<br>NJ                          | Zip Code<br>07825   | Transaction ID: INC.A.46885  Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                                | C                                    | 07025   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR F                  | n<br>PHARM OPS  |  |
| Receipt For:  Primary General  Other (specify) ▼  |                                      | e Year-to-Date ▼ 225.00   |  |
| Full Name (Last, First, Middle Initial) MR DAVID SCHLETT                                  |                                      |   | Date of Receipt  |
| Mailing Address 339 GRAMERCY PI   | _                                    |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>GLEN ROCK   | State<br>NJ                          | Zip Code<br>07452   | Transaction ID: INC.A.46888  Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                                | C                                    | 07432   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation                           | n<br>ANCIAL & ANALYTICAL SV   | C  |
| Receipt For:  Primary General  Other (specify) ▼  | <del></del> '                        | e Year-to-Date ▼ 450.00   |  |
| Full Name (Last, First, Middle Initial) MR ALLEN SCHWARTZ                                 |                                      |   | Date of Receipt  |
| Mailing Address 9111 N KARLOV   |                                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>SKOKIE  | State                                | Zip Code  | Transaction ID: INC.A.46662  |
| FEC ID number of contributing federal political committee.                                | C                                    | 60076   | Amount of Each Receipt this Period  50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>EXEC DI                | n<br>R CLINICAL SVCS  |  |
| Receipt For:  Primary General  Other (specify) ▼  |                                      | Year-to-Date ▼ 450.00   |  |
| SUBTOTAL of Receipts This Page (optional  | )                                    | <b>_</b>  | 125.00   |

| SCHEDULE A (FEC Form 3<br>TEMIZED RECEIPTS                  | Use separate schedule for each category of the Detailed Summary Page                         | e (check only one)   |
|---|--|--|
| or for commercial purposes, other than usin                 | and Statements may not be sold or used by ar<br>g the name and address of any political comn | ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN       | IC. POLITICAL ACTION COMMITTEE   | (a.k.a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial)<br>MR JEFFREY SCOTT |  | Date of Receipt  |
| Mailing Address 7330 EVEREST L                              | ANE - NORTH  | 04 12 2008   |
| City  | State Zip Code   | Transaction ID: INC.A.46931  |
| MAPLE GROVE   | MN 55311   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                  | Occupation SR NATL ACCT EXEC   |  |
| Receipt For:  | Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼                           | 450.   | 00   |
| Full Name (Last, First, Middle Initial) MR LEONARD SCOTT    |  | Date of Receipt  |
| Mailing Address 13514 MOTTLES                               | ONE DRIVE NW   | 0 4 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  | State Zip Code   | Transaction ID: INC.A.46816  |
| PICKERINGTON  | OH 43147   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                  | Occupation REG DIR ACCT MGMT   |  |
| Receipt For:  Primary General  Other (specify) ▼            | Aggregate Year-to-Date ▼  225.   | 00   |
| Full Name (Last, First, Middle Initial) MS MONICA SCOZZARE  |  | Date of Receipt  |
| Mailing Address 3021 E MILLCREE                             | EK ROAD  | 04 12 2008   |
| City  | State Zip Code   | Transaction ID: INC.A.46608  |
| SALT LAKE CITY  | UT 84109   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                  | Occupation EXEC DIR CLINICAL SVCS  |  |
| Receipt For:  | Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼                           | 450.   | 00   |
|   |  |  |

|                | HEDULE A (FEC Form 3X) MIZED RECEIPTS  |                     | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 107 / 281 (check only one)    X                                       |
|----------------|--|---------------------|---|---|
| or for         | nformation copied from such Reports and commercial purposes, other than using the AME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and ad       | dress of any political committee to                                     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|                | ull Name (Last, First, Middle Initial)   | POLITICAL /         | ACTION COMMITTEE (a.K.a   | a. Medico Realtif PAC)  |
| _              | IR ROBERT SENDEWICZ<br>ailing Address 1220 CROSSING WA   | λΥ                  |   | Date of Receipt    M M  |
| Ci<br><u>W</u> | ity<br>VAYNE   | State<br>NJ         | Zip Code<br>07470   | Transaction ID: INC.A.46638  Amount of Each Receipt this Period                             |
|                | EC ID number of contributing deral political committee.  | C                   |   | 25.00   |
| Na<br>M        | ame of Employer<br>IEDCO HEALTH SOLUTIONS  | Occupatio<br>SR DIR | n<br>TECHNOLOGY   | 7   |
| Re             | eceipt For: Primary General Other (specify)  | Aggregate           | e Year-to-Date ▼<br>225.00  |   |
| . <u>M</u>     | ull Name (Last, First, Middle Initial)<br>R GEORGE SERPIKOV  |                     |   | Date of Receipt   |
| M              | ailing Address 66 PROSPECT AVE   |                     |   | 0 4 1 2 2 0 0 8   |
| Ci             | •  | State               | Zip Code  | Transaction ID: INC.A.46954   |
| _              | VESTWOOD   | NJ                  | 07675   | Amount of Each Receipt this Period  |
|                | EC ID number of contributing deral political committee.  | С                   |   | 50.00   |
|                | ame of Employer<br>IEDCO HEALTH SOLUTIONS  |                     | NESS DEV  |   |
| Re             | eceipt For: Primary General Other (specify) ▼  | Aggregate           | e Year-to-Date ▼<br>450.00  |   |
|                | ull Name (Last, First, Middle Initial)<br>R THOMAS SHANAHAN, III   |                     |   | Date of Receipt   |
| M              | ailing Address 266 BRUSHY CREEK  | AVE                 |   | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$                                      |
| Ci             |  | State               | Zip Code  | Transaction ID: INC.A.46801   |
| FE             | AS VEGAS  EC ID number of contributing ideral political committee.   | C                   | 89148   | Amount of Each Receipt this Period 45.00  |
| Na<br>M        | ame of Employer<br>IEDCO HEALTH SOLUTIONS  | Occupatio<br>VP OPS | n   |   |
| Re             | eceipt For: Primary General Other (specify) ▼  | Aggregate           | e Year-to-Date ▼ 780.00   |   |
| SHE            | BTOTAL of Receipts This Page (optional).   |                     |   | 120.00  |

|                 | OULE A (FEC Form 3X) ED RECEIPTS   |                                | Use separate schedule(s) for each category of the Detailed Summary Page    | FOR LINE NUMBER: PAGE 108 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17          |
|-----------------|--|--------------------------------|--|---|
| or for comr     | ation copied from such Reports and S<br>mercial purposes, other than using the<br>OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \ \             | O HEALTH SOLUTIONS INC. I  | POLITICAL                      | ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| A. MR JOH       | me (Last, First, Middle Initial)<br>IN SHEA<br>Address 62 FRANKLIN TURNF                                 |                                |  | Date of Receipt   |
|                 | Addiess 62 FRANKLIN TURNE  | 04 12 4 2008                   |  |   |
| City            | IDAL E   | State                          | Zip Code   | Transaction ID: INC.A.46622   |
| ALLEN           |  | NJ                             | 07401  | Amount of Each Receipt this Period  |
|                 | number of contributing political committee.  | C                              |  | 40.00   |
| Name o<br>MEDCO | of Employer<br>O HEALTH SOLUTIONS  | Occupation ASST Co             | on<br>OUNSEL   |   |
| Receipt         |  | Aggregate                      | e Year-to-Date ▼   |   |
|                 | rimary   |                                | 360.00   |   |
|                 | me (Last, First, Middle Initial)<br>ANK SHEEHY   |                                |  | Date of Receipt   |
| Mailing         | Address 119 HAMILTON RD  |                                |  | 04 / 12 / 2008  |
| City            | •  |                                | Zip Code   | Transaction ID: INC.A.46678   |
|                 | EWOOD  | NJ                             | 07450  | Amount of Each Receipt this Period  |
|                 | number of contributing political committee.  | C                              |  | 50.00   |
|                 | of Employer<br>O HEALTH SOLUTIONS  | , .                            | SENERAL MGR  |   |
| Receipt         | For: rimary General  | Aggregate                      | e Year-to-Date ▼   |   |
|                 | ther (specify)   |                                | 900.00   |   |
|                 | me (Last, First, Middle Initial)<br>FER SHERMAN  |                                |  | Date of Receipt   |
| Mailing         | Address 139 GATES AVENUE   |                                |  | 04 / 12 / 2008  |
| City            | TOL ALD  | State                          | Zip Code   | Transaction ID: INC.A.46601   |
|                 | CLAIR  | NJ                             | 07042  | Amount of Each Receipt this Period  |
|                 | number of contributing political committee.  | С                              |  | 50.00   |
|                 | of Employer<br>O HEALTH SOLUTIONS  | Occupation MANAG               | on<br>ING COUNSEL  |   |
| Receipt         | For: rimary General  | Aggregate                      | e Year-to-Date   |   |
|                 | rimary General ther (specify) ▼  |                                | 450.00   |   |
| SUBTOTA         | <b>AL</b> of Receipts This Page (optional)   | 1                              |  | 140.00  |
|                 | his Period (last page this line number   |                                |  |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 109 / 281 (check only one)    X   11a   |
|---|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F  | statements may not be sold or used by any persename and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | o solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR JAMES SHIVAS Mailing Address 18 PROSPECT AVE  City NORTH ARLINGTON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | State Zip Code NJ 07031  C  Occupation DIR PRICING  Aggregate Year-to-Date  225.00   | Date of Receipt  M M M D D D 2 2008  Transaction ID: INC.A.46761  Amount of Each Receipt this Period  25.00                       |
| Full Name (Last, First, Middle Initial) MR ELWOOD SIDES III  Mailing Address 150 CLAREMONT AV  City LONG BEACH  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code CA 90803  C  Occupation VP SALES  Aggregate Year-to-Date  225.00  | Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 1 2 2 0 0 8  Transaction ID: INC.A.46693  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) JEFFREY SIMEK  Mailing Address 704 SAW PALMETTO  City PORT ORANGE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)      | COURT  State Zip Code FL 32128  C  Occupation VP CORP COMMUNICATIONS  Aggregate Year-to-Date  1730.79                          | Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| SUBTOTAL of Receipts This Page (optional)   |  | 242.31  |

| Any information copied from such Reports and Statements may not be sold or used by any persor of for commercial purposes, other than using the name and address of any political committee to in NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Pull Name (Last, First, Middle Initial)  MR LEE SIMON  Mailing Address 2390 GREENVIEW ROAD  City State Zip Code IL 60062  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  MR JEFFREY SINKO  Mailing Address 10 CHERRY TREE LANE  City State Zip Code NJ 07405  FEC ID number of contributing federal political committee.  City State Zip Code NJ 07405  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS ASST GENERAL COUNSEL  Receipt For: Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Coccupation ASST GENERAL COUNSEL  Receipt For: Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Coccupation SR DIR TECHNOLOGY  Receipt For: Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Coccupation SR DIR TECHNOLOGY  Receipt For: Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Coccupation SR DIR TECHNOLOGY  Receipt For: Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Coccupation SR DIR TECHNOLOGY  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Coccupation SR DIR TECHNOLOGY  Aggregate Year-to-Date ▼ | FOR LINE NUMBER: PAGE 110 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 11         |
|--|---|
| MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a.  Full Name (Last, First, Middle Initial) MR LEE SIMON  Mailing Address 2390 GREENVIEW ROAD  City State Zip Code NORTHBROOK IL 60062  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Full Name (Last, First, Middle Initial) MR JEFFREY SINKO  Mailing Address 10 CHERRY TREE LANE  City State Zip Code NJ 07405  FEC ID number of contributing federal political committee.  City State Zip Code NJ 07405  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Other (specify) ▼  | of for the purpose of soliciting contributions solicit contributions from such committee. |
| A. MR LEE SIMON  Mailing Address 2390 GREENVIEW ROAD  City State Zip Code  | Medco Health PAC)   |
| City   State   Zip Code  | Date of Receipt   |
| NORTHBROOK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  MR JEFFREY SINKO  Mailing Address 10 CHERRY TREE LANE  City State Zip Code NJ 07405  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  MR WILLIAM SIRICO  Mailing Address 564 DALE COURT EAST  City State Zip Code Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  MR WILLIAM SIRICO  Mailing Address 564 DALE COURT EAST  City State Zip Code NJ 07675  FEC ID number of contributing federal political committee.  C C C C C C C C C C C C C C C C C C C  | 04 12 2008  |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  MR JEFFREY SINKO  Mailing Address 10 CHERRY TREE LANE  City State Zip Code NJ 07405  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  MR WILLIAM SIRICO  Mailing Address 564 DALE COURT EAST  City State Zip Code NJ 07405  C: State Zip Code NJ 07405  Ccupation ASST GENERAL COUNSEL  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  MR WILLIAM SIRICO  Mailing Address 564 DALE COURT EAST  City State Zip Code NJ 07675  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date ▼  Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date ▼  | Transaction ID: INC.A.46938   |
| Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR JEFFREY SINKO Mailing Address 10 CHERRY TREE LANE  City State Zip Code KINNELON NJ 07405  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO Mailing Address 564 DALE COURT EAST  City State Zip Code NJ 07405  C Cucupation ASST GENERAL COUNSEL  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO Mailing Address 564 DALE COURT EAST  City State Zip Code NJ 07675  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  | Amount of Each Receipt this Period  50.00   |
| Primary  | -   |
| MR JEFFREY SINKO  Mailing Address 10 CHERRY TREE LANE  City State Zip Code  KINNELON NJ 07405  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  MR WILLIAM SIRICO  Mailing Address 564 DALE COURT EAST  City State Zip Code  NJ 07675  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Occupation  SR DIR TECHNOLOGY  Receipt For: Aggregate Year-to-Date ▼  Occupation  SR DIR TECHNOLOGY  Aggregate Year-to-Date ▼  |   |
| City State Zip Code KINNELON NJ 07405  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO  Mailing Address 564 DALE COURT EAST  City State Zip Code RIVER VALE NJ 07675  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date ▼  | Date of Receipt   |
| KINNELON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO  Mailing Address 564 DALE COURT EAST  City State Zip Code NJ 07675  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date ▼  Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼   | 04 12 2008  |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO  Mailing Address 564 DALE COURT EAST  City State Zip Code NJ 07675  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date ▼  Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date ▼   | Transaction ID: INC.A.46811  Amount of Each Receipt this Period                           |
| Receipt For:    Primary  | 50.00   |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO  Mailing Address 564 DALE COURT EAST  City State Zip Code RIVER VALE NJ 07675  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date ▼  | ]   |
| MR WILLIAM SIRICO  Mailing Address 564 DALE COURT EAST  City State Zip Code  RIVER VALE NJ 07675  FEC ID number of contributing federal political committee.  C  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Aggregate Year-to-Date ▼  Primary General   |   |
| City  RIVER VALE  NJ  07675  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  State Zip Code  NJ  07675  C  Aggregate Year-to-Date  Aggregate Year-to-Date   | Date of Receipt   |
| RIVER VALE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  NJ 07675  C  Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date ▼   | 04 12 2008  |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  C  Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date ▼   | Transaction ID: INC.A.46637  Amount of Each Receipt this Period                           |
| MEDCO HEALTH SOLUTIONS  SR DIR TECHNOLOGY  Receipt For:  Primary  General  Aggregate Year-to-Date ▼  | 30.00   |
| Primary General  | 1   |
| Other (specify) ▼  |   |
| SUBTOTAL of Receipts This Page (optional)  | 130.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page   | FOR LINE NUMBER: PAGE 111 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any personal Statements may not be sold or used by any personal he name and address of any political committee to a POLITICAL ACTION COMMITTEE (a.k.a.) | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR JOHN SISTO Mailing Address 24 MAYBERRY LAN  City MECHANICSBURG  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:                       | State Zip Code PA 17050  C  Occupation SR DIR PHARMACY REGULATORY   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                    |
| Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  | Aggregate Year-to-Date ▼  225.00  |   |
| MR DAVID SITVER  Mailing Address 24 YORKSHIRE AVE  City  SUFFERN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify)                              | State Zip Code NY 10901  C  Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date  225.00  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                    |
| Full Name (Last, First, Middle Initial) ANN SMITH Mailing Address 437 GLENDALE RD  City WYCKOFF  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07481  C  Occupation SR DIR PUBLIC AFFAIRS  Aggregate Year-to-Date  225.00  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |
| SUBTOTAL of Receipts This Page (optional)  |   | 75.00   |

|          | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 112 / 281 (check only one)    X                                       |
|----------|--|--------------------------------|--|---|
| 7        | Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any pers<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | MEDCO HEALTH SOLUTIONS INC.  | POLITICAL .                    | ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial) MR ROBERT SMITH Mailing Address 40 JOSHUA DR T                                     | Date of Receipt                |  |   |
|          |  |                                |  | 04 12 2008  |
|          | City<br>RAMSEY   | State<br>NJ                    | Zip Code<br>07446  | Transaction ID: INC.A.46908  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.   | C                              | 07410  | 50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP OPS              |  |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼ 900.00  |   |
| –<br>В.  | Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR  Mailing Address 23 CEDAR GATE RO                                | I AD                           |  | Date of Receipt   |
|          |  | 0 4 1 2 2 0 0 8                |  |   |
|          | City State DARIEN CT   |                                | Zip Code<br>06820  | Transaction ID: INC.A.46969  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.   | C                              |  | 192.31  |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation CHAIRM              | on<br>IAN & CEO  |   |
|          | Receipt For:  Primary General  Other (specify) ♥   | Aggregate                      | e Year-to-Date ▼<br>1730.79  |   |
| с.<br>С. | Full Name (Last, First, Middle Initial)<br>MR ALAN SOKALER   |                                |  | Date of Receipt   |
|          | Mailing Address 30 MICHELLE WAY  |                                |  | 0 4   |
|          | City PINE BROOK  | State<br>NJ                    | Zip Code<br>07058  | Transaction ID: INC.A.46995   |
|          | FEC ID number of contributing federal political committee.   | C                              | 07038  | Amount of Each Receipt this Period  50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP FINA             |  |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>450.00   |   |
|          | SUBTOTAL of Receipts This Page (optional) .  |                                |  | 292.31  |
|          | TOTAL This Period (last page this line numbe   |                                | <u> </u>   |   |

|                        | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                             | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 113 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17 |
|------------------------|--|-----------------------------|---|--|
| 7                      | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. P | name and ad                 | dress of any political committee to                                     | o solicit contributions from such committee.                                       |
| <b>∠</b><br><b>A</b> . | Full Name (Last, First, Middle Initial) BARRY SOUTHERN Mailing Address 3705 MIDDLEBURY W   |                             | 7in Codo  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
|                        | City<br>GREENSBORO   | State<br>NC                 | Zip Code<br>27410   | Transaction ID: INC.A.47044  Amount of Each Receipt this Period                    |
|                        | FEC ID number of contributing federal political committee.   | C                           | 2/410   | 25.00  |
|                        | Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General  Other (specify) ▼  | Occupation GENERA Aggregate |   |  |
| -<br>3.                | Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE Mailing Address 21625 E. MERIWETHE  | ER LANE                     |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
|                        | City   | State                       | Zip Code  | Transaction ID: INC.A.46829  |
|                        | LIBERTY LAKE   | WA                          | 99019   | Amount of Each Receipt this Period   |
|                        | FEC ID number of contributing federal political committee.   | C                           |   | 25.00  |
|                        | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP/GM            | on  |  |
|                        | Receipt For:  Primary General  Other (specify) ▼   |                             | e Year-to-Date ▼ 425.00   |  |
|                        | Full Name (Last, First, Middle Initial) MR RALPH STAIANO Mailing Address 1 LAMBROS DRIVE   |                             |   | Date of Receipt  |
|                        | City   | Ctoto                       | 7in Codo  | 04 12 2008   |
|                        | City<br>MONROE   | State<br>NY                 | Zip Code<br>10950   | Transaction ID: INC.A.46615  Amount of Each Receipt this Period                    |
|                        | FEC ID number of contributing federal political committee.   | С                           |   | 25.00  |
|                        | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR           | n<br>BUSINESS REQUIREMENT   | S  |
|                        | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                   | e Year-to-Date ▼<br>225.00  |  |
|                        | SUBTOTAL of Receipts This Page (optional)  |                             |   | 75.00  |
|                        | TOTAL This Period (last page this line number of   | only)                       |   |  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | )   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE   114 / 281   (check only one)                                      |
|--|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using to | d Statements may<br>the name and add              | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                       | . POLITICAL A                                     | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial)<br>PETER STARK                                       |   |   | Date of Receipt   |
| Mailing Address 4840 COLE ROAD   |   |   | 04 12 2008  |
| City<br>MEMPHIS  | State<br>TN                                       | Zip Code<br>38117   | Transaction ID: INC.A.47067  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                                   | С   |   | 50.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation GROUP                                  |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate   | e Year-to-Date ▼<br>450.00  |   |
| Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN                                |   |   | Date of Receipt   |
| Mailing Address 7 FOREST LAKE DR   | R   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>WEST HARRISON  | State<br>NY                                       | Zip Code<br>10604   | Transaction ID: INC.A.46891  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                                   | C   | 10007   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation  | n<br>VP FINANCE   |   |
| Receipt For:  Primary General  Other (specify) ▼   | <del>-                                     </del> | e Year-to-Date ▼<br>450.00  | ]   |
| Full Name (Last, First, Middle Initial)<br>CHANNING STAVE                                    |   |   | Date of Receipt   |
| Mailing Address 77 HIGHVIEW AVE  |   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>TUCKAHOE   | State<br>NY                                       | Zip Code<br>10707   | Transaction ID: INC.A.47029  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                                   | C   | 10707   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR N                               | n<br>MARKETING  |   |
| Receipt For:  Primary General  Other (specify) ▼   |   | e Year-to-Date ▼<br>225.00  |   |
|  | l   |   | 125.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER: PAGE 115 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 11   |
|---|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | Statements may not be sold or used by any persename and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | to solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MS JILL STEARNS  Mailing Address 13130 HALSELL DR  City AUSTIN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)         | State Zip Code TX 78732  C  Occupation SR NATL ACCT EXEC  Aggregate Year-to-Date ▼  450.00                                     | Date of Receipt  M M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) MR CRAIG STEEL Mailing Address 122 DEMAREST AVE  City EMERSON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)          |  | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) MS AMY STEINKELLNER  Mailing Address 1740 HIGHLAND DRI  City ELM GROVE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | VE  State Zip Code WI 53122  C  Occupation VP CLINICAL SVCS  Aggregate Year-to-Date ▼  450.00                                  | Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 1 2 2 0 0 8  Transaction ID: INC.A.46753  Amount of Each Receipt this Period  50.00 |
| SUBTOTAL of Receipts This Page (optional)   |  | 125.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                              | FOR LINE NUMBER: PAGE 116 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 11 |
|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) | I Statements may not be sold or used by any person he name and address of any political committee to | n for the purpose of soliciting contributions                                     |
| 1 1  | . POLITICAL ACTION COMMITTEE (a.k.a.   | Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) DR GLEN STETTIN  |  | Date of Receipt   |
| Mailing Address 8 MILL GLEN CT   |  | 04 12 2008  |
| City   | State Zip Code   | Transaction ID: INC.A.46959   |
| UPPER SADDLE RIVER   | NJ 07458   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C  | 192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP/GM ADVANCED CLINICAL SLT  | NS  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 1730.79   |   |
| Full Name (Last, First, Middle Initial) MS JANNA STOUL   |  | Date of Receipt   |
| Mailing Address 4 APACHE WAY   |  | 0 4 1 2 2 0 0 8   |
| City   | State Zip Code   | Transaction ID: INC.A.46628   |
| MONTVILLE  | NJ 07045   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR TECHNOLOGY   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 225.00  |   |
| Full Name (Last, First, Middle Initial) MR SCOTT STRATTON  | 1  | Date of Receipt   |
| Mailing Address 351 TIMBERLANE D   | PRIVE  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |
| City<br>ORANGE   | State Zip Code<br>CT 06477   | Transaction ID: INC.A.47002  Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.   | C  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP PRODUCT DEVELOPMENT  | 1   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 450.00  |   |
| SUBTOTAL of Receipts This Page (optional)  |  | 267.31  |

TOTAL This Period (last page this line number only) .....

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 117 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17 |  |  |  |
|----|---|---|---|--|--|--|--|
| ,  | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | on for the purpose of soliciting contributions solicit contributions from such committee. |   |  |  |  |  |
|    | MEDCO HEALTH SOLUTIONS INC. I   | MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N                          |   |  |  |  |  |
| A. | Full Name (Last, First, Middle Initial) MS PATRICIA STRETE  Mailing Address 19275 PAVER BARNE                               | S ROAD  |   | Date of Receipt  |  |  |  |
|    |   | LOTIOND   |   | 04 12 2008   |  |  |  |
|    | City  | State   | Zip Code  | Transaction ID: INC.A.46661  |  |  |  |
|    | MARYSVILLE  | OH  | 43040   | Amount of Each Receipt this Period   |  |  |  |
|    | FEC ID number of contributing federal political committee.  | C   |   | 25.00  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR CLII   | on<br>NICAL THERAPEUTICS  |  |  |  |  |
|    | Receipt For:  | Aggregate   | e Year-to-Date ▼  |  |  |  |  |
|    | Primary General Other (specify) ▼   | 0 0   | 225.00  |  |  |  |  |
| В. | Full Name (Last, First, Middle Initial)<br>MS COLEEN SULLIVAN   |   |   | Date of Receipt  |  |  |  |
|    | Mailing Address 38 BARKMILL TERRA   | 04 / 12 / 2008  |   |  |  |  |  |
|    | City  | State   | Zip Code  | Transaction ID: INC.A.46939  |  |  |  |
|    | MONTVILLE   | NJ  | 07045   | Amount of Each Receipt this Period   |  |  |  |
|    | FEC ID number of contributing federal political committee.  | C   |   | 25.00  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | <del>, '</del>  | BUSINESS REQUIREMENTS   | 3  |  |  |  |
|    | Receipt For:  Primary General   | Aggregate   | e Year-to-Date ▼  | 1  |  |  |  |
|    | Other (specify)   |   | 225.00  |  |  |  |  |
| С. | Full Name (Last, First, Middle Initial)<br>MS CYNTHIA SULLIVAN  |   |   | Date of Receipt  |  |  |  |
|    | Mailing Address 21 DENISE DRIVE   |   |   | 04 12 4 2008   |  |  |  |
|    | City  | State   | Zip Code  | Transaction ID: INC.A.46890  |  |  |  |
|    | KINNELON  | NJ  | 07405   | Amount of Each Receipt this Period   |  |  |  |
|    | FEC ID number of contributing federal political committee.  | С   |   | 192.30   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | <del>, '</del>  | IANCIAL PLANNING  |  |  |  |  |
|    | Receipt For:  | Aggregate   | e Year-to-Date ▼  | . ]  |  |  |  |
|    | Primary General Other (specify) ▼   |   | 1730.70   |  |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)   |   |   | 242.30   |  |  |  |
| Ì  | TOTAL This Period (last page this line number   | only)   |   |  |  |  |  |

|          | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 118 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17 |
|----------|--|--|---|--|
| or 1     | y information copied from such Reports and S<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | solicit contributions from such committee. |   |  |
|          | MEDCO HEALTH SOLUTIONS INC. F  | POLITICAL                                  | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)   |
| A.       | Full Name (Last, First, Middle Initial) MR MARK SULLIVAN   |  |   | Date of Receipt  |
|          | Mailing Address 16025 PINE VALE PL.  | 04 12 2008                                 |   |  |
|          | City   | State                                      | Zip Code  | Transaction ID: INC.A.46619  |
|          | MIDLOTHIAN   | VA   | 23113   | Amount of Each Receipt this Period   |
|          | FEC ID number of contributing federal political committee.   | C  |   | 25.00  |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR CS                          | n<br>SYSTEMS PLAN & IMPLEM  |  |
|          | Receipt For: Primary General   | Aggregate                                  | e Year-to-Date ▼  |  |
|          | Other (specify)  |  | 225.00  |  |
|          | Full Name (Last, First, Middle Initial) MS IRENE SUTTON  | Date of Receipt                            |   |  |
|          | Mailing Address 20 AVENUE @ PORT APPT 209  | 04 12 2008                                 |   |  |
|          | City   | State                                      | Zip Code  | Transaction ID: INC.A.46682  |
|          | WEST NEW YORK  FEC ID number of contributing federal political committee.  | C  | 07093   | Amount of Each Receipt this Period 40.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR                          | n<br>TECHNOLOGY   |  |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                                  | e Year-to-Date ▼<br>360.00  |  |
| <br>C.   | Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT   |  |   | Date of Receipt  |
|          | Mailing Address 8362 GOLDEN PRAIR  | IE DRIVE                                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|          | City   | State                                      | Zip Code  | Transaction ID: INC.A.46719  |
|          | TAMPA  | FL   | 33647   | Amount of Each Receipt this Period   |
|          | FEC ID number of contributing federal political committee.   | C  |   | 50.00  |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP/GM                           | n   |  |
|          | Receipt For: Primary General Other (specify)   | Aggregate                                  | e Year-to-Date ▼<br>850.00  |  |
| SI       | JBTOTAL of Receipts This Page (optional)   |  |   | 115.00   |
| <br>  T( | OTAL This Period (last page this line number   | only)                                      |   |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S      | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 119 / 281 (check only one)    X           |
|---|---|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)                    | name and address of any political committee to a                        | solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial)  MR NICHOLAS TAYLOR  Mailing Address 2710 WEXFORD RD    |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| City  UPPER ARLINGTON  FEC ID number of contributing  | State Zip Code<br>OH 43221  | Transaction ID: INC.A.46964  Amount of Each Receipt this Period |
| rederal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS                           | Occupation DIR CLINICAL SVCS  | 25.00   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 225.00   |   |
| Full Name (Last, First, Middle Initial) MR BOOBALAN THANGAVELU Mailing Address 13 BIRCH TERRACE |   | Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  MT ARLINGTON  FEC ID number of contributing federal political committee.                  | State Zip Code NJ 07856   | Amount of Each Receipt this Period  25.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation TECHNICAL SPECIALIST   |   |
| Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date ▼ 225.00   |   |
| Full Name (Last, First, Middle Initial)  MS MELINDA THIEL  Mailing Address 27 GARVEY ROAD       |   | Date of Receipt   |
| City<br>WAYNE   | State Zip Code NJ 07470   | Transaction ID: INC.A.46692  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                      | C   | 25.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:   | Occupation SR DIR PRODUCT MGMT  Aggregate Year-to-Date ▼                |   |
| Primary General Other (specify) ▼   | 225.00  |   |
| SUBTOTAL of Receipts This Page (optional)   |   | 75.00   |

TOTAL This Period (last page this line number only) .....

|           | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 120 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|-----------|---|-------------------|---|---|
| 7         | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | e name and ad     | dress of any political committee to                                     | o solicit contributions from such committee.                                      |
| <b>A.</b> | Full Name (Last, First, Middle Initial) MS MELISSA THOMET Mailing Address 721 HINMAN AVE #1E City   | State             | Zip Code  | Date of Receipt  0 4 1 2 2 0 0 8  Transaction ID: INC.A.46625                     |
|           | EVANSTON  FEC ID number of contributing federal political committee.  | C                 | 60202   | Amount of Each Receipt this Period  25.00   |
|           | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | <del>-  </del>    | ACCT MGMT e Year-to-Date ▼  225.00                                      |   |
| -<br>В.   | Full Name (Last, First, Middle Initial) MS MARY THORSBY  Mailing Address 17326 ELLEN DR   | •                 |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |
|           | City<br>LIVONIA   | State<br>MI       | Zip Code<br>48152   | Transaction ID: INC.A.46733   |
|           | FEC ID number of contributing federal political committee.  | C                 | 40132   | Amount of Each Receipt this Period  75.00   |
|           | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR NAT | on<br>L ACCT EXEC   |   |
|           | Receipt For:  Primary  General  Other (specify) ▼   | Aggregate         | e Year-to-Date ▼ 675.00   |   |
| -<br>C.   | Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD   | <u> </u>          |   | Date of Receipt   |
| ٠.        | Mailing Address 7974 FLAMETREE C  | Γ                 |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |
|           | City  | State<br>NV       | Zip Code  | Transaction ID: INC.A.46792   |
|           | LAS VEGAS  FEC ID number of contributing federal political committee.   | C                 | 89123   | Amount of Each Receipt this Period  25.00   |
|           | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM  | on  |   |
|           | Receipt For:  Primary General  Other (specify) ▼  |                   | e Year-to-Date ▼ 425.00   |   |
|           | SUBTOTAL of Receipts This Page (optional)   |                   |   | 125.00  |
|           | TOTAL This Period (last page this line number   | only)             |   |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                     | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 121 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17 |
|---|---------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | e name and add      | dress of any political committee to                                     | o solicit contributions from such committee.                                       |
| Full Name (Last, First, Middle Initial) MR WILLIAM TOBIN Mailing Address 838 COLONIAL RD  City FRANKLIN LAKES FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General |                     | Zip Code<br>07417<br>1<br>EFIT SYSTEMS SUPPORT<br>Year-to-Date ▼        | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| Other (specify)  Full Name (Last, First, Middle Initial) MRS DONNA TOPOLSKI Mailing Address 128 MANHATTAN TE  | ERRACE              | 450.00  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
| City DUMONT  FEC ID number of contributing federal political committee.  Name of Employer   | State NJ C          | Zip Code<br>07628   | Transaction ID: INC.A.46926  Amount of Each Receipt this Period  25.00             |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  | SR DIR E            | BUSINESS REQUIREMENT<br>Year-to-Date ▼<br>225.00                        | <u>s</u>   |
| Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER Mailing Address 713 INDIAN CREEK I  |                     |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
| City  AMHERST  FEC ID number of contributing federal political committee.   | State VA            | Zip Code<br>24521   | Transaction ID: INC.A.46808  Amount of Each Receipt this Period  75.00             |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR ( | n<br>GOVERNMENT AFFAIRS   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate           | Year-to-Date ▼ 675.00   | ]  |
| SUBTOTAL of Receipts This Page (optional) .   |                     |   | 150.00   |

| Γ       | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  | for each ca  | ate schedule(s)<br>ategory of the<br>ummary Page | FOR LINE NUMBER: PAGE 122 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17        |
|---------|--|--|--|--|
| C       | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may not be sold of name and address of any p | r used by any perso<br>olitical committee to     | n for the purpose of soliciting contributions solicit contributions from such committee. |
|         | MEDCO HEALTH SOLUTIONS INC. I  | POLITICAL ACTION CO                                    | MMITTEE (a.k.a.                                  | Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial) MR GARY TULLY  |  |  | Date of Receipt  |
|         | Mailing Address 16 FIELDHEDGE DRI  |  |  | 04 12 2008   |
|         | City<br>HILLSBOROUGH   | State Zip Code NJ 08844                                | •  | Transaction ID: INC.A.46945  Amount of Each Receipt this Period                          |
|         | FEC ID number of contributing federal political committee.   | C  | 1 1  | 30.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR CLIENT SVC DE                           | ELIVERY  |  |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date                                 | 270.00   |  |
| <br>3.  | Full Name (Last, First, Middle Initial) MR KEITH URICH   | AOT  |  | Date of Receipt  |
|         | Mailing Address 12495 SOUTH 1745 E   | AST  |  | 04 12 2008   |
|         | City   | State Zip Code UT 84020                                | )  | Transaction ID: INC.A.46756  |
|         | DRAPER FEC ID number of contributing federal political committee.  | UT 84020   | 0 0  | Amount of Each Receipt this Period  25.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation REGIONAL VP SALI                            | ES-SYSTEMED                                      |  |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date                                 | 225.00   |  |
| _<br>>. | Full Name (Last, First, Middle Initial)<br>MS CARA VAN ZILE  |  |  | Date of Receipt  |
|         | Mailing Address 31 LINCOLN RD  |  |  | 0 4 1 2 2 0 0 8  |
|         | City<br>KINNELON   | State Zip Code<br>NJ 07405                             | )  | Transaction ID: INC.A.46729  |
|         | FEC ID number of contributing federal political committee.   | NJ 07405   | 1 1  | Amount of Each Receipt this Period  50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation EXEC DIR ANALYTI                            | CAL SVCS   |  |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date                                 |  |  |
|         | SUBTOTAL of Receipts This Page (optional)  |  |  | 105.00   |

|               | HEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                             | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 123 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17          |
|---------------|---|-----------------------------|---|---|
| or fo         | information copied from such Reports and S<br>or commercial purposes, other than using the        | tatements ma<br>name and ad | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|               | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                      | POLITICAL                   | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| <b>4</b> !    | Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA                                      |                             |   | Date of Receipt   |
| ۱<br>-        | Mailing Address W328 S4230 SPRING   | RIDGE                       |   | 04 12 2008  |
|               | Dity<br>MALIKE CHA  | State                       | Zip Code  | Transaction ID: INC.A.47039   |
| F             | WAUKESHA FEC ID number of contributing ederal political committee.                                | C                           | 53189   | Amount of Each Receipt this Period  50.00   |
| <u>1</u><br>1 | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP & G          | on<br>GENERAL MGR   |   |
| F             | Receipt For: Primary General Other (specify)  | Aggregate                   | e Year-to-Date ▼ 450.00   |   |
| 3!            | Full Name (Last, First, Middle Initial) MR NICHOLAS VASILOPOULOS Mailing Address 105 ARRANDALE RD |                             |   | Date of Receipt   |
| _             |   |                             |   | 04 12 2008  |
|               | City<br>ROCKVILLE CENTRE  | State<br>NY                 | Zip Code<br>11570   | Transaction ID: INC.A.46799  Amount of Each Receipt this Period                             |
| -<br>F        | FEC ID number of contributing ederal political committee.   | C                           | 11070   | 50.00   |
| <u>-</u><br>1 | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP MKT           |   |   |
| F             | Receipt For: Primary General Other (specify)  | Aggregate                   | e Year-to-Date ▼<br>450.00  |   |
|               | Full Name (Last, First, Middle Initial) CHANTAL VEEVAETE  | <u> </u>                    |   | Date of Receipt   |
| N             | Mailing Address 7292 OAKVILLE DRIV  | Е                           |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|               | City<br>GERMANTOWN  | State<br>TN                 | Zip Code<br>38138   | Transaction ID: INC.A.47056  Amount of Each Receipt this Period                             |
| F             | FEC ID number of contributing ederal political committee.   | С                           |   | 50.00   |
| 1             | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation GROUP            |   |   |
| F             | Receipt For: Primary General Other (specify)  | . '                         | e Year-to-Date ▼ 450.00   |   |
| SU            | BTOTAL of Receipts This Page (optional)   |                             | <b>\</b>  | 150.00  |
| то            | TAL This Period (last page this line number   | only)                       |   |   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | <b>X</b> )                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 124 / 281   (check only one)                                      |
|--|--|---|---|
| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may<br>g the name and add | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                  | IC. POLITICAL                            | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MR WIL VELARDE                                 |  |   | Date of Receipt   |
| Mailing Address 443 WEST SADDI   | LE RIVER RD                              |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                                    | Zip Code  | Transaction ID: INC.A.46680   |
| UPPER SADDLE RIVER FEC ID number of contributing federal political committee.          | NJ<br>C                                  | 07458   | Amount of Each Receipt this Period  40.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR E                      | n<br>E-COM STRAT & DELI   |   |
| Receipt For:  Primary General  Other (specify) ▼                                       |  | Year-to-Date ▼ 360.00   |   |
| Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE                             |  |   | Date of Receipt   |
| Mailing Address 201 WATCHUNG UNIT #17  | AVENUE                                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>BLOOMFIELD   | State<br>NJ                              | Zip Code<br>07003   | Transaction ID: INC.A.46676  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                             | C  | 07000   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR N                      |   |   |
| Receipt For:  Primary General  Other (specify) ▼                                       | - + +                                    | Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial) MR GORDON VICKERS                              |  |   | Date of Receipt   |
| Mailing Address 436 MOUNTAIN A   | VENUE                                    |   | M M / D D / Y Y Y Y Y O N N N N N N N N N N N N N N                                       |
| City<br>WESTFIELD  | State<br>NJ                              | Zip Code<br>07090   | Transaction ID: INC.A.46598   |
| FEC ID number of contributing federal political committee.                             | C  | 07090   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation NATL AC                       | CCT EXEC  |   |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate                                | Year-to-Date ▼ 225.00   |   |
| SUBTOTAL of Receipts This Page (option   | nal)                                     |   | 90.00   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | )<br>                 | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 125 / 281   (check only one)                                      |
|--|-----------------------|---|---|
| Any information copied from such Reports or for commercial purposes, other than usin | and Statements may    | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                | NC. POLITICAL A       | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR MUNISH VIJ                                |                       |   | Date of Receipt   |
| Mailing Address 11 BOULDER TRA   | AIL                   |   | 04 12 2008  |
| City<br>MAHWAH   | State<br>NJ           | Zip Code<br>07430   | Transaction ID: INC.A.46986  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                           | C                     |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation TECHNIC    | n<br>CAL SPECIALIST   |   |
| Receipt For:  Primary General  Other (specify) ▼                                     |                       | Year-to-Date ▼ 225.00   |   |
| Full Name (Last, First, Middle Initial) MS ANNETTE WAGNER                            |                       |   | Date of Receipt   |
| Mailing Address 8 INDIAN RUN RO  | DAD                   |   | 0 4 1 2 2 0 0 8   |
| City LONG VALLEY   | State<br>NJ           | Zip Code<br>07853   | Transaction ID: INC.A.46853   |
| FEC ID number of contributing federal political committee.                           | C                     | 07033   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR 1   | TECHNOLOGY  |   |
| Receipt For:  Primary General  Other (specify) ▼                                     |                       | Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial) MR DANIEL WALDEN                             |                       |   | Date of Receipt   |
| Mailing Address 450 BEECHMON   | Γ DR                  |   | M M / D D / Y Y Y Y Y O N N N N N N N N N N N N N N                                       |
| City NEW ROCHELLE  | State<br>NY           | Zip Code<br>10804   | Transaction ID: INC.A.46862  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                           | C                     | 10004   | 192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP REC | GULATORY & MC PROGRA  |   |
| Receipt For:  Primary General  Other (specify) ▼                                     | Aggregate             | Year-to-Date ▼<br>1730.79   |   |
| SUBTOTAL of Receipts This Page (option   | nal)                  |   | 242.31  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | ()                                    | Use separate schedule(s) for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 126 / 281   (check only one)                                      |
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| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may<br>the name and add | not be sold or used by any persodress of any political committee to        | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                        | ACTION COMMITTEE (a.k.a  | ı. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MS THERESE WALKER                                |                                       |  | Date of Receipt   |
| Mailing Address 363 MULBERRY C   | Т                                     |  | M M / D D / Y Y Y Y Y Y Y Y 12 2008   |
| City<br>WYCKOFF  | State<br>NJ                           | Zip Code<br>07481  | Transaction ID: INC.A.46614   |
| FEC ID number of contributing federal political committee.                               | C                                     | 07401  | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR F                   | PRODUCT MGMT   |   |
| Receipt For:  Primary General  Other (specify)   | Aggregate                             | Year-to-Date ▼ 225.00  |   |
| Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE                               |                                       |  | Date of Receipt   |
| Mailing Address 5445 GOODWIN A   | VENUE                                 |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>DALLAS   | State<br>TX                           | Zip Code<br>75206  | Transaction ID: INC.A.46988   |
| FEC ID number of contributing federal political committee.                               | C                                     | 7,5200   | Amount of Each Receipt this Period  192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP SALE                    | s SEGMENT LEADER   |   |
| Receipt For:  Primary General  Other (specify) ▼   |                                       | Year-to-Date ▼<br>1730.79  |   |
| Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE                                |                                       |  | Date of Receipt   |
| Mailing Address 5 APPLE ORCHAR   | D RD                                  |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>MOORESTOWN   | State<br>NJ                           | Zip Code<br>08057  | Transaction ID: INC.A.46813   |
| FEC ID number of contributing federal political committee.                               | C                                     | 08037  | Amount of Each Receipt this Period 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP/GM                      | 1  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                             | Year-to-Date ▼ 850.00  |   |
| SUBTOTAL of Receipts This Page (optional   | .h                                    |  | 267.31  |

| SCHEDULE A (FEC ITEMIZED RECEIPT   | •                                  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 127 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 11           |
|--|------------------------------------|---|---|
| or for commercial purposes, oth  NAME OF COMMITTEE (In                     | er than using the name and a Full) | address of any political committee to                                   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|  |                                    | L ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle MS CATHERINE WASSON Mailing Address 26072 H |                                    |   | Date of Receipt   |
|  |                                    | 7:n Codo  | 04 12 2008  |
| City<br><u>CAPISTRANO BEACH</u>  | State<br>CA                        | Zip Code<br>92624   | Transaction ID: INC.A.46632  Amount of Each Receipt this Period                             |
| FEC ID number of contribution federal political committee.                 | C                                  |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTION                                  | Occupa<br>VP NA                    | tion<br>TL ACCTS  |   |
| Receipt For:  Primary Gene Other (specify) ▼                               |                                    | ate Year-to-Date ▼ 450.00   |   |
| Full Name (Last, First, Middle MS BEVERLY WATSON                           | e Initial)                         |   | Date of Receipt   |
| Mailing Address 2 MICHE  | ELANGELO COURT                     |   | 04 12 2008  |
| City   | State                              | Zip Code  | Transaction ID: INC.A.46856   |
| SOMERSET  FEC ID number of contribution                                    | ng C                               | 08873   | Amount of Each Receipt this Period  25.00   |
| federal political committee.   |                                    |   |   |
| Name of Employer<br>MEDCO HEALTH SOLUTION                                  | Occupa DIR BE                      | tion<br>ENEFIT DELIVERY SYSTEMS   | 3   |
| Receipt For: Primary Gene  |                                    | ate Year-to-Date ▼  |   |
| Other (specify)  | ST CI                              | 225.00  |   |
| Full Name (Last, First, Middle MRS KELLY WEBBER                            | e Initial)                         |   | Date of Receipt   |
| Mailing Address 107 UPF  | PER SADDLE RIVER RO                | DAD   | 0 4 1 2 2 0 0 8   |
| City   | State                              | Zip Code  | Transaction ID: INC.A.46790   |
| MONTVALE  FEC ID number of contribution federal political committee.       | ng C                               | 07645   | Amount of Each Receipt this Period  100.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTION                                  | Occupa<br>VP CO                    | tion<br>DRP HR  |   |
| Receipt For:  Primary Gene Other (specify) ▼                               |                                    | ate Year-to-Date ▼ 900.00   |   |
|  | Page (optional)                    |   | 175.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | ·)                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE   128 / 281   (check only one)                                      |
|---|--------------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may<br>the name and add | y not be sold or used by any person<br>dress of any political committee to    | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC                                   | . POLITICAL A                        | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MARK WEGRYN                                       |                                      |   | Date of Receipt   |
| Mailing Address 1717 DYMOKE DRI   | VE                                   |   | 0 4 1 2 2 0 0 8   |
| City<br>COLLIERVILLE  | State<br>TN                          | Zip Code<br>38017   | Transaction ID: INC.A.46763  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                                | C                                    |   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation AVP QA                    | n<br>AND PRODUCT INTEGRA  | ΓΙΦΝ  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                            | Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial)<br>LOWELL WEINER                                  | <b>I</b>                             |   | Date of Receipt   |
| Mailing Address 1 BURGESS COUR  | ïΤ                                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>WESTFIELD   | State<br>NJ                          | Zip Code<br>07090   | Transaction ID: INC.A.47027  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                                | C                                    |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP COR                    | n<br>P COMMUNICATIONS   |   |
| Receipt For:  Primary General  Other (specify) ▼  |                                      | Year-to-Date ▼ 450.00   |   |
| Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH                              |                                      |   | Date of Receipt   |
| Mailing Address 309 WATERVIEW [   | DR                                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>FRANKLIN LAKES  | State<br>NJ                          | Zip Code<br>07417   | Transaction ID: INC.A.46702  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                                | C                                    | 0.417   | 192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation PRES, C                   | n<br>EO ACCREDO   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                            | Year-to-Date ▼<br>1730.79   |   |
| SUBTOTAL of Receipts This Page (optional  | )                                    |   | 267.31  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | )                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 129 / 281 (check only one)    X   11a   |
|---|--------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC  | the name and add               | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR KENNETH WERMES Mailing Address 26037 N WRANGLE  City SCOTTSDALE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS   | State AZ  C  Occupation VP/GM  |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Receipt For:  Primary General  Other (specify)   Full Name (Last, First, Middle Initial)  | Aggregate                      | e Year-to-Date ▼ 675.00   |   |
| MR PETER WHITE  Mailing Address 2241 E. PINCHOT A #17F  City PHOENIX  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)                                     | State AZ C Occupation SR DIR A | Zip Code<br>85016<br>n<br>ACCT MGMT<br>e Year-to-Date ▼                       | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.46620  Amount of Each Receipt this Period  25.00                  |
| Full Name (Last, First, Middle Initial) MS COLETTE WILSON Mailing Address 16608 56TH PL W  City LYNNWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) |                                | Zip Code 98037  n _ ACCT EXEC e Year-to-Date ▼                                | Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 1 2 2 0 0 8  Transaction ID: INC.A.46707  Amount of Each Receipt this Period  25.00 |
| SUBTOTAL of Receipts This Page (optional)   | )                              |   | 125.00  |

| SCHEDULE A (FEC FOI<br>ITEMIZED RECEIPTS  | m 3X)                      | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 130 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|---|----------------------------|---|---|
| or for commercial purposes, other that NAME OF COMMITTEE (In Full)                    | n using the name and addre | ess of any political committee to                                       | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIO  Full Name (Last, First, Middle Initi                            |                            | CTION COMMITTEE (a.k.a  | ı. Medco Health PAC)  |
| MS BEVERLY WINKLER  Mailing Address 17 LYNWOC   | ,                          |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                    |
| City<br>VERONA  | State<br>NJ                | Zip Code<br>07044   | Transaction ID: INC.A.46887  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                            | C                          |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR OF       | RG DEV  |   |
| Receipt For:  Primary General  Other (specify) ▼                                      |                            | /ear-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initi MR MICHAEL WISNIEWSKI Mailing Address 23 DRUID H | ,                          |   | Date of Receipt   |
|   |                            |   | 04 12 2008  |
| City<br>PARSIPPANY  | State<br>NJ                | Zip Code<br>07054   | Transaction ID: INC.A.46940  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                            | C                          |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR CO       | ONTRACT ADMINISTRAT   | ION   |
| Receipt For:  Primary General  Other (specify) ▼                                      | Aggregate Y                | ear-to-Date ▼ 225.00  |   |
| Full Name (Last, First, Middle Initi MR STEPHEN WOGEN                                 | al)                        |   | Date of Receipt   |
| Mailing Address 145 WAUGH   | AW ROAD                    |   | 0 4 1 2 2 0 0 8   |
| City<br>TOWACO  | State<br>NJ                | Zip Code<br>07082   | Transaction ID: INC.A.46714  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                            | C                          | 07002   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP MEDIC        | ARE FINANCE   |   |
| Receipt For:  Primary General  Other (specify) ▼                                      |                            | Year-to-Date ▼ 450.00   |   |
| SUBTOTAL of Receipts This Page  | (optional)                 |   | 100.00  |
| TOTAL This Period (last page this I   | ne number only)            | ······································                                  |   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                               | FOR LINE NUMBER: PAGE 131 / 281 (check only one)    X |
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| Any information copied from such Reports and or for commercial purposes, other than using  NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any potential the name and address of any political committee | erson for the purpose of soliciting contributions     |
| ` '  | C. POLITICAL ACTION COMMITTEE (a.   | k.a. Medco Health PAC)                                |
| Full Name (Last, First, Middle Initial) MRS ELISSA WOJTOWICZ, RPH  |   | Date of Receipt                                       |
| Mailing Address 43 AZALEA PLACE  |   | 04 12 2008  |
| City   | State Zip Code  | Transaction ID: INC.A.46630                           |
| PISCATAWAY  FEC ID number of contributing federal political committee.   | NJ 08854  | Amount of Each Receipt this Period 30.00              |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation  |   |
|  | SR DIR RRA  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 270.00   |   |
| Full Name (Last, First, Middle Initial) MS ANNA WONG   |   | Date of Receipt                                       |
| Mailing Address 64-20 BELL BLVD  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
| City   | State Zip Code  | Transaction ID: INC.A.46983                           |
| BAYSIDE  | NY 11364  | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.   | C   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP INSURED SOLUTIONS   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 450.00   |   |
| Full Name (Last, First, Middle Initial) MS JUDITH WOOD   |   | Date of Receipt                                       |
| Mailing Address 76 COLONIAL ROA  |   | 04 12 2008  |
| City   | State Zip Code  | Transaction ID: INC.A.46933                           |
| STILLWATER   | NY 12170  | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.   | C   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR DIR ACCT MGMT  |   |
| Receipt For:   | Aggregate Year-to-Date ▼  |   |
| Primary General Other (specify) ▼  | 225.00  |   |
|  |   | 105.00  |

TOTAL This Period (last page this line number only) .....

|                                 | E A (FEC Form 3X RECEIPTS                               | ,                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 132 / 281   (check only one)  |
|---------------------------------|---|---------------------|---|---|
| Any information or for commerci | copied from such Reports and purposes, other than using | d Statements may    | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF C                       | OMMITTEE (In Full)                                      |                     | ACTION COMMITTEE (a.k.a   |   |
| Full Name (L<br>BRENDA WF       | ast, First, Middle Initial)                             |                     |   | Date of Receipt   |
|                                 | ess 1834 HUNTERS CR                                     | EEK DRIVE           |   | 0 4 1 2 2 0 0 8   |
| City                            |   | State               | Zip Code  | Transaction ID: INC.A.47053   |
| <u>GERMAN</u>                   | OWN   | TN                  | 38138   | Amount of Each Receipt this Period  |
|                                 | per of contributing cal committee.                      | C                   |   | 50.00   |
| Name of Em<br>ACCREDO           | oloyer<br>HEALTH GROUP                                  | Occupation VP QUAI  | n<br>LITY INTEGRITY HEALTH  |   |
| Receipt For: Primar Other (     | y General<br>specify) <b>▼</b>                          | Aggregate           | e Year-to-Date ▼<br>450.00  |   |
| Full Name (L<br>MR SERGEY       | ast, First, Middle Initial)<br>YANITSKIY                |                     |   | Date of Receipt   |
|                                 | ess 793 LINCOLN AVE                                     |                     |   | 04 12 7 2008  |
| City<br>POMPTON                 | LLAVEC  | State<br>NJ         | Zip Code<br>07442   | Transaction ID: INC.A.46674   |
| FEC ID num                      | ber of contributing all committee.                      | C                   | 0/442   | Amount of Each Receipt this Period  25.00   |
| Name of Em<br>MEDCO HE          | oloyer<br>ALTH SOLUTIONS                                | Occupation TECHNIC  | n<br>CAL SPECIALIST   |   |
| Receipt For: Primar Other (     | y General specify) ▼                                    | Aggregate           | e Year-to-Date ▼<br>225.00  |   |
| Full Name (L<br>MS SARAH Y      | ast, First, Middle Initial)                             |                     |   | Date of Receipt   |
|                                 | 901 ST MARKS AVE  | <u> </u>            |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City                            | D   | State               | Zip Code  | Transaction ID: INC.A.46772   |
|                                 | ber of contributing cal committee.                      | NJ<br>C             | 07090   | Amount of Each Receipt this Period 25.00  |
|                                 | oloyer<br>ALTH SOLUTIONS                                | Occupation SR DIR F | n<br>PRODUCT MGMT   |   |
| Receipt For:                    |   | <del>- ' '</del>    | Year-to-Date ▼  |   |
| Primar<br>Other (               | y General<br>specify) <b>▼</b>                          |                     | 225.00  | ]   |
| SUBTOTAL of                     | Receipts This Page (optional                            | I                   |   | 100.00  |

| Any information cipiled from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from for for commencial jurposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  MEDOO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medoo Health PAC)  Full Name (Last, First, Middle Initial)  MAD ANNIEL ZELEM, JR  Maling Address 219 SPOOK ROCK RD.  City State Zip Code SUFFERN NY 10901  FEC ID number of contributing federal political committee.  Name of Employer Address 43604 EMERALD DUNES PL  City State Zip Code Primary General Other (specify) ▼ 450.00  Transaction ID: INC.A.46903  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: INC.A.46903  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code LEESBURG VA 20178  FEC ID number of contributing federal political committee.  Name of Employer MEDOO HEALTH SOLUTIONS ROUGHDAIL And Receipt Solution Plan  Receipt For: Primary General Office (specify) ▼ 225.00  Date of Receipt Transaction ID: INC.A.46903  Amount of Each Receipt this Period  Transaction ID: INC.A.46903  Amount of Each Receipt this Period  Transaction ID: INC.A.46903  Amount of Each Receipt this Period  Transaction ID: INC.A.46903  Amount of Each Receipt this Period  Transaction ID: INC.A.46903  Amount of Each Receipt this Period  Transaction ID: INC.A.46903  Amount of Each Receipt this Period  Transaction ID: INC.A.46903  Amount of Each Receipt this Period  Transaction ID: INC.A.46903  Amount of Each Receipt this Period  Transaction ID: INC.A.46903  Amount of Each Receipt this Period  Transaction ID: INC.A.46903  Amount of Each Receipt this Period  Transaction ID: INC.A.46903  Amount of Each Receipt this Period  Transaction ID: INC.A.46903  Amount of Each Receipt this Period  Transaction ID: INC.A.46903  Amount of Each Receipt this Period  Transaction ID: INC.A.46903  Amount of Eac |                       | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS                                    |             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 133 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 11 |
|---|-----------------------|--|-------------|---|--|
| A. MRI DANIEL ZELEM.R Mailing Address 219 SPOOK ROCK RD.  City State Zip Code SUFFERN NY 10901  FEC ID number of contributing federal political committee.  Nome of Engloyer MEDOO HEALTH SOLUTIONS PEC OD MEALTH SOLUTIONS PR DIR CONSOLIDATION PLAN Aggregate Year-to-Date ▼    FUIL Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼   City State Zip Code MEMPHIS Period Pec Primary General Other (specify) ▼    City State Zip Code MEMPHIS TN 38119     FEC ID number of contributing federal political committee.     City State Zip Code MEMPHIS TN 38119     FEC ID number of contributing federal political committee.     City General Other (specify) ▼   Aggregate Year-to-Date ▼     City State Zip Code MEMPHIS TN 38119     FEC ID number of contributing federal political committee.     City State Zip Code MEMPHIS TN 38119     FEC ID number of contributing federal political committee.     City State Zip Code MEMPHIS TN 38119     FEC ID number of contributing federal political committee.     City State Zip Code MEMPHIS TN 38119     Fec ID number of contributing federal political committee.     City State Zip Code MEMPHIS TN 38119     Fec ID number of contributing federal political committee.     City State Zip Code MEMPHIS TN 38119     Fec ID number of contributing federal political committee.     City State Zip Code MEMPHIS TN 38119     Fec ID number of contributing federal political committee.     City State Zip Code MEMPHIS TN 38119     Fer ID Number of contributing federal political committee.     City State Zip Code MEMPHIS TN 38119     Fer ID Number of contributing federal political commi |                       | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | dress of any political committee to   | solicit contributions from such committee.   |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:    Primary   General   Aggregate Year-to-Date ▼   | <b>∠</b><br><b>4.</b> | MR DANIEL ZELEM, JR Mailing Address 219 SPOOK ROCK RE                        |             | Zip Code  | 04 12 7 2008   |
| Receipt For:     Primary  |                       | FEC ID number of contributing  |             | 10901   | 1 1 1 1 1 1 1  |
| MS.JILL ZELMAN  Mailing Address 43604 EMERALD DUNES PL  City State Zip Code VA 20176  FEC ID number of contributing federal political committee.  Name of Employer MEMPHIS  City State Zip Code VA 20176  FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼ State Zip Code  Transaction ID: INC.A.46903  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Pull Name (Last, First, Middle Initial)  ANDREA ZICCARELLI  Mailing Address 6550 HERONWOOD DR  City State Zip Code  TN 38119  FC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  |                       | Receipt For: Primary General   | VP E-CC     | DM DEV<br>e Year-to-Date ▼  |  |
| City State Zip Code VA 20176  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:   City  | 3.                    | MS JILL ZELMAN   | ES PL       |   | M M / D D / Y Y Y Y  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) ANDREA ZICCARELLI Mailing Address 6550 HERONWOOD DR  City State Zip Code TN 38119  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify) ▼  Occupation VP BUS DEV AND MARKETING  Aggregate Year-to-Date ▼  Transaction ID: INC.A.46691  Amount of Each Receipt this Period  Focupation VP BUS DEV AND MARKETING  Aggregate Year-to-Date ▼  Occupation VP BUS DEV AND MARKETING  Aggregate Year-to-Date ▼  Other (specify) ▼   |                       | •  |             | •   | Transaction ID: INC.A.46903  |
| Receipt For:    Primary   |                       |  | C           |   | 25.00  |
| Primary General Other (specify) ▼    Pull Name (Last, First, Middle Initial)   ANDREA ZICCARELLI     Mailing Address 6550 HERONWOOD DR    City  |                       |  | SR DIR      | CONSOLIDATION PLAN  |  |
| ANDREA ZICCARELLI  Mailing Address 6550 HERONWOOD DR  City State Zip Code  MEMPHIS TN 38119  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General  Other (specify)   ADD D D D D D D D D D D D D D D D D D  |                       | Primary General  | Aggregate   | 1 1 1 1 1 1 1   |  |
| City  MEMPHIS  TN 38119  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  450.00  | _<br>:.               | ANDREA ZICCARELLI  | )R          |   | M M / D D / Y Y Y Y  |
| FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify)  Occupation VP BUS DEV AND MARKETING  Aggregate Year-to-Date  450.00   |                       | •  |             | •   | Transaction ID: INC.A.46691  |
| ACCREDO HEALTH GROUP  VP BUS DEV AND MARKETING  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  450.00   |                       | FEC ID number of contributing  |             | 30119   |  |
| Primary General Other (specify) ▼ 450.00  |                       | Name of Employer<br>ACCREDO HEALTH GROUP                                     |             |   |  |
| SURTOTAL of Receipts This Page (optional)   |                       | Primary General  | Aggregate   |   |  |
| SOBTOTAL OF TECCEPS THIS Fage (optional)  |                       | SUBTOTAL of Receipts This Page (optional)                                    |             |   | 125.00   |

|                  | JLE A (FEC Form 3X) ED RECEIPTS  |  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 134 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16                                   |
|------------------|--|--|---|---|
| or for commo     | cion copied from such Reports and ercial purposes, other than using the F COMMITTEE (In Full)  D HEALTH SOLUTIONS INC. | ne name and ad                                   | dress of any political committee to                                     | on for the purpose of soliciting contributions o solicit contributions from such committee.  a. Medco Health PAC) |
| MR JAME          | e (Last, First, Middle Initial)<br>S ZIRPOLI<br>ddress 6691 DEERVIEW DF  | RIVE<br>State<br>OH                              | Zip Code<br>45140   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| federal po       | number of contributing<br>Ditical committee.<br>Employer<br>HEALTH SOLUTIONS   | Occupation VP/GM                                 | n   | 25.00   |
|                  | For: mary  |  | e Year-to-Date ▼ 425.00   |   |
| MR ANTH          | Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO Mailing Address 726 HIGH MOUNTAIN ROAD                        |  |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y  |
| City             |  | State  | Zip Code  | Transaction ID: INC.A.46993   |
| FEC ID r         | LIN LAKES number of contributing political committee.  | C  | 07417   | Amount of Each Receipt this Period  25.00   |
| Name of<br>MEDCO | Employer<br>HEALTH SOLUTIONS   | Occupation ASST Co                               |   | 7   |
|                  | For:<br>mary General<br>ner (specify) ▼  |  | e Year-to-Date ▼<br>225.00  |   |
|                  | e (Last, First, Middle Initial)<br>STINE BIZARRO<br>ddress 26 DAYLILY DRIVE  |  |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City             |  | State  | Zip Code  | Transaction ID: INC.A.47501   |
| FEC ID r         | LAUREL sumber of contributing political committee.   | C  | 08054   | Amount of Each Receipt this Period  15.00   |
| Name of<br>MEDCO | Employer<br>HEALTH SOLUTIONS   | Occupation DIR HR                                | n   |   |
|                  | For:<br>mary ☐ General<br>ner (specify) ♥  | <del>-                                    </del> | e Year-to-Date ▼<br>255.00  |   |
| SUBTOTAL         | L of Receipts This Page (optional)   | <u> </u>   |   | 65.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 135 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17 |
|--|---|--|
| or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)                    | d Statements may not be sold or used by any personal the name and address of any political committee to a POLITICAL ACTION COMMITTEE (a.k.a.) | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 3380 SADDLEBROO     | State Zip Code  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
| LAS VEGAS  FEC ID number of contributing federal political committee.  Name of Employer        | NV 89141  C Occupation  | Amount of Each Receipt this Period  25.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼ | DIR PHARM PRACTICE  Aggregate Year-to-Date ▼  425.00  |  |
| Full Name (Last, First, Middle Initial) MS GWEN BRADY Mailing Address 219 E. COMO AVEN         | NUE   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
| City<br>COLUMBUS   | State Zip Code OH 43202   | Transaction ID: INC.A.47177  Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.                                     | C   | 12.50  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR BUSINESS PLANNING  |  |
| Receipt For:  Primary  General  Other (specify)  | Aggregate Year-to-Date ▼ 212.50   |  |
| Full Name (Last, First, Middle Initial) MR KENNETH DANIELS Mailing Address 2903 CHUKKAR CC     | DURT  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
| City   | State Zip Code  | Transaction ID: INC.A.47321  |
| PLANT CITY  FEC ID number of contributing federal political committee.                         | FL 33567  | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP/GM  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 425.00   |  |
| SUBTOTAL of Receipts This Page (optional)  | )   | 62.50  |
| TOTAL This Period (last page this line numb  | per only)   |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 136 / 281 (check only one)    X   |
|--|--|---|
| or for commercial purposes, other than using th  NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any person ename and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a.) | o solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial)  MS GEORGIA EDDLEMAN  Mailing Address 908 EDGEMEER LAN  City  SOUTHLAKE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State Zip Code TX 76092  C  Occupation VP/GM  Aggregate Year-to-Date   551.20  | Date of Receipt  M M M D D D 2008  Transaction ID: INC.A.47435  Amount of Each Receipt this Period  34.45 |
| Full Name (Last, First, Middle Initial) MR JOSEPH FRENDO Mailing Address 9 GREEN HILL TRAIL  City TROPHY CLUB  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)     | State Zip Code TX 76262  C  Occupation VP NATIONAL SERVICE CENTER Aggregate Year-to-Date  850.00                                     | Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) MR ROBERT GIBBS Mailing Address 544 DENMOOR COU  City GALLOWAY  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)            | State Zip Code OH 43119  C  Occupation DIR PHARM PRACTICE Aggregate Year-to-Date  212.50   | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| SUBTOTAL of Receipts This Page (optional) .  |  | 96.95   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 137 / 281 (check only one)    X   |
|---|--|---|
| or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)  | and Statements may not be sold or used by any persign the name and address of any political committee to NC. POLITICAL ACTION COMMITTEE (a.k.a.) | o solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR CHARLES HARMON Mailing Address 710 BRIDGEBOR  City RIVERSIDE FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | O ST  State Zip Code NJ 08075  C  Occupation SYSTEMS COORD  Aggregate Year-to-Date   600.00  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) MR RICHARD JONES Mailing Address 12 WADE HAMPT  City HENDERSON FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General                  | TON TRAIL  State Zip Code  NV 89052  C  Occupation  VP/GM  Aggregate Year-to-Date ▼  425.00  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) MR ROSS LUCE Mailing Address 1066 WEST GRO  City GIBSONIA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)      |  | Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 1 9 2 0 0 8  Transaction ID: INC.A.47188  Amount of Each Receipt this Period  30.00 |
| SUBTOTAL of Receipts This Page (option  | nal)   | 155.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 138 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 11               |
|---|---|---|
| or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)   | d Statements may not be sold or used by any pethe name and address of any political committee.  POLITICAL ACTION COMMITTEE (a.) | erson for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial)  MRS CATHY PATTEN  Mailing Address 2001 MEADOWS AV  City  LANTANA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) | ·   | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                    |
| Full Name (Last, First, Middle Initial) MR GILBERT RAINES Mailing Address 800 SANDY TRAIL  City KELLER FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)        | State Zip Code TX 76248  C  Occupation DIR HR  Aggregate Year-to-Date  425.00   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                  |
| Full Name (Last, First, Middle Initial) MRS MONICA REED  Mailing Address 8475 DUNHAM STA  City TAMPA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)         | State Zip Code FL 33647  C  Occupation DIR PHARM PRACTICE Aggregate Year-to-Date ▼  425.00                                      | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                  |
| SUBTOTAL of Receipts This Page (optional)   |   | 75.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | ^)  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE   139 / 281   (check only one)                                     |
|---|---|---|--|
| Any information copied from such Reports a or for commercial purposes, other than using | nd Statements may<br>g the name and add     | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                   | C. POLITICAL <i>I</i>                       | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III                         |   |   | Date of Receipt  |
| Mailing Address 266 BRUSHY CRE  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |  |
| City<br>LAS VEGAS   | State<br>NV                                 | Zip Code<br>89148   | Transaction ID: INC.A.47289  |
| FEC ID number of contributing federal political committee.                              | C   | 09140   | Amount of Each Receipt this Period 45.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP OPS                           | n   |  |
| Receipt For:  Primary General  Other (specify) ▼  | <del> </del>                                | e Year-to-Date ▼ 780.00   |  |
| Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE                              |   |   | Date of Receipt  |
| Mailing Address 21625 E. MERIWETHER LANE  |   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City LIBERTY LAKE   | State<br>WA                                 | Zip Code<br>99019   | Transaction ID: INC.A.47317  |
| FEC ID number of contributing federal political committee.                              | C   | 99019   | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM                            | n   |  |
| Receipt For:  Primary General  Other (specify) ▼  |   | e Year-to-Date ▼ 425.00   |  |
| Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT                                |   |   | Date of Receipt  |
| Mailing Address 8362 GOLDEN PRAIRIE DRIVE   |   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>TAMPA   | State<br>FL                                 | Zip Code<br>33647   | Transaction ID: INC.A.47208  Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                              | C   |   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM                            | n   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                                   | Year-to-Date ▼ 850.00   |  |
| SUBTOTAL of Receipts This Page (options   | al)   |   | 120.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | ()                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 140 / 281 (check only one)    X                    |
|---|-------------------|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | the name and addr | ress of any political committee to                                      | solicit contributions from such committee.                               |
| Full Name (Last, First, Middle Initial)  MR TIMOTHY TIDD  Mailing Address 7974 FLAMETREE  | СТ                |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y |
| City  LAS VEGAS  FEC ID number of contributing  | State<br>NV       | Zip Code<br>89123   | Transaction ID: INC.A.47281  Amount of Each Receipt this Period          |
| federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS   | Occupation VP/GM  |   | 25.00  |
| Receipt For:  Primary General  Other (specify) ▼  | 1                 | Year-to-Date ▼ 425.00   |  |
| Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE Mailing Address 5 APPLE ORCHAR  | D RD              |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y             |
| City  | State             | Zip Code  | Transaction ID: INC.A.47301  |
| MOORESTOWN  FEC ID number of contributing federal political committee.  | NJ<br>C           | 08057   | Amount of Each Receipt this Period  50.00                                |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM  |   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate \       | Year-to-Date ▼<br>850.00  |  |
| Full Name (Last, First, Middle Initial)<br>MR JAMES ZIRPOLI   | l                 |   | Date of Receipt  |
| Mailing Address 6691 DEERVIEW [   | DRIVE             |   | 0 4 1 9 2 0 0 8  |
| City  | State<br>OH       | Zip Code  | Transaction ID: INC.A.47239  |
| LOVELAND FEC ID number of contributing federal political committee.   | C                 | 45140   | Amount of Each Receipt this Period  25.00                                |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM  |   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate \       | Year-to-Date ▼ 425.00   |  |
| SUBTOTAL of Receipts This Page (optional  | J)(li             |   | 100.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 141 / 281 (check only one)    X   11a  |
|--|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | Statements may not be sold or used by any perse name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | o solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MS LESLIE ACHTER  Mailing Address 821 ALBEMARLE STI  City WYCKOFF  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: | State Zip Code NJ 07481  C Occupation EXEC DIR ANALYTICAL SVCS  | Date of Receipt  0 4 2 6 2 0 0 8  Transaction ID: INC.A.47187  Amount of Each Receipt this Period  25.00 |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK   | Aggregate Year-to-Date ▼  225.00  | Date of Receipt  |
| Mailing Address 1021 SUNSET RIDGE  City  BRIDGEWATER  FEC ID number of contributing  | State Zip Code<br>NJ 08807  | Transaction ID: INC.A.47115  Amount of Each Receipt this Period  |
| Receipt For:  Primary  Other (specify)  General  | Occupation VP PHARM CONTRACT & CONSUL Aggregate Year-to-Date  450.00  | LTING  |
| Full Name (Last, First, Middle Initial) DIANE ADAMS Mailing Address 34 THOMAS ST.  |   | Date of Receipt  |
| City  CALDWELL  FEC ID number of contributing federal political committee.   | State Zip Code NJ 07006   | Transaction ID: INC.A.47497  Amount of Each Receipt this Period  25.00                                   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼   | Occupation SR DIR BUSINESS REQUIREMENT Aggregate Year-to-Date  225.00   | rs   |
| SUBTOTAL of Receipts This Page (optional) .  |   | 100.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(<br>for each category of the<br>Detailed Summary Page          | (Crieck only one)                                  |
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| or for commercial purposes, other than using the   | statements may not be sold or used by any<br>name and address of any political commi | person for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I                                    | POLITICAL ACTION COMMITTEE (   | (a.k.a. Medco Health PAC)                          |
| Full Name (Last, First, Middle Initial)  MR STEPHEN ADLER  Mailing Address 139 BELLVALE LAKE | e du   | Date of Receipt                                    |
| City   | State Zip Code   | 0 4 2 6 2 0 0 8  Transaction ID: INC.A.47186       |
| WARWICK  | NY 10990   | Amount of Each Receipt this Period                 |
| FEC ID number of contributing federal political committee.                                   | C  | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP INFO TECHNOLOGY  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 450.0   | 0  |
| Full Name (Last, First, Middle Initial) B. DR JODY ALLEN                                     |  | Date of Receipt                                    |
| Mailing Address 3031 MOUNT HILL DI   |  | 04 26 2008   |
| City   | State Zip Code   | Transaction ID: INC.A.47185                        |
| MIDLOTHIAN   | VA 23113   | Amount of Each Receipt this Period                 |
| FEC ID number of contributing federal political committee.                                   | C  | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP CLINICAL SVCS  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 450.0   | 0  |
| Full Name (Last, First, Middle Initial) MARENE ALLISON                                       |  | Date of Receipt                                    |
| Mailing Address 4405 WISMER ROAD   |  | 04 26 2008   |
| City   | State Zip Code   | Transaction ID: INC.A.47492                        |
| DOYLESTOWN   | PA 18901   | Amount of Each Receipt this Period                 |
| FEC ID number of contributing federal political committee.                                   | C  | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP SECURITY & ASSET PROT  | ECTION   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 450.0   | 0  |
| SUBTOTAL of Receipts This Page (optional)  |  | 150.00   |
| TOTAL This Period (last page this line number  |  |  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>X</b> )                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE   143 / 281   (check only one)                                    |
|--|---------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                        | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR JAMES ALLOCCO                                 |                                       |   | Date of Receipt   |
| Mailing Address 19 ROSS ROAD   |                                       |   | M M / D D / Y Y Y Y Y Y Y Y 2008  |
| City<br>SCARSDALE  | State<br>NY                           | Zip Code<br>10583   | Transaction ID: INC.A.47247  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                               | C                                     | 10000   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP INFO                    | n<br>TECHNOLOGY   | 7   |
| Receipt For:  Primary General  Other (specify) ▼   | <del>'</del>                          | Year-to-Date ▼ 450.00   |   |
| Full Name (Last, First, Middle Initial) TEJWANSH ANAND                                   |                                       |   | Date of Receipt   |
| Mailing Address 10 WHIPPOORWILL LAKE ROAD  |                                       |   | 0 4 2 6 2 0 0 8   |
| City<br>CHAPPAQUA  | State<br>NY                           | Zip Code<br>10514   | Transaction ID: INC.A.47461  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                               | C                                     | 10014   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP INFO                    | n<br>TECHNOLOGY   | 7   |
| Receipt For:  Primary General  Other (specify) ▼   | <del>- 1 '</del>                      | Year-to-Date ▼ 450.00   |   |
| Full Name (Last, First, Middle Initial) DR ROGER ANDERSON                                |                                       |   | Date of Receipt   |
| Mailing Address 833 OXFORD COL   | JRT                                   |   | 0 4 2 6 2 0 0 8   |
| City<br>LEWISVILLE   | State<br>TX                           | Zip Code<br>75056   | Transaction ID: INC.A.47487  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                               | C                                     | 7 3030  | 192.30  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP & C                    | n<br>HIEF PHARMACIST  |   |
| Receipt For:  Primary General  Other (specify) ▼   |                                       | Year-to-Date ▼<br>1730.70   |   |
| SUBTOTAL of Receipts This Page (optional   | al)                                   |   | 292.30  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate sched for each category of Detailed Summary I                   | f the  |
|---|--|--|
| Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | the name and address of any political co                                     | y any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS JAYME ANTONOPLOS Mailing Address 48 WITTE ROAD  City HEWITT  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General | State Zip Code NJ 07421  C  Occupation DIR EXEC CORR  Aggregate Year-to-Date | Date of Receipt    M   M   D   D   Z   D   Z   D   D   D   D   D   |
| Other (specify) ▼  Full Name (Last, First, Middle Initial) MR DAVID ARCISZEWSKI  Mailing Address 20 CHADWELL PLA  City  MORRISTOWN  |  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | Occupation ASST COUNSEL Aggregate Year-to-Date                               | 25.00  |
| Full Name (Last, First, Middle Initial) MS CHARLOTTE BABCOCK Mailing Address 2636 SHAKER RD  City CLEVELAND HEIGHTS  FEC ID number of contributing federal political committee.   | State Zip Code OH 44118  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | Occupation NATL ACCT EXEC  Aggregate Year-to-Date ▼                          | 25.00  |
| SUBTOTAL of Receipts This Page (optional  | ]<br>)   | 75.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 145 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                          |
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| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any personante name and address of any political committee to committee to committee to committee (a.k.a.) | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) ERIK BAGIN Mailing Address 73 HIGHLAND AVE  City GLEN RIDGE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07028  C  Occupation GROUP VP FINANCE  Aggregate Year-to-Date  450.00  | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47496  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial) MS BECKIE BARATKO Mailing Address 80 N. WOODLAND  City ENGLEWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  | STREET  State Zip Code NJ 07631  C  Occupation VP PROPOSAL UNIT  | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47402  Amount of Each Receipt this Period  35.00 |
| Receipt For:  Primary General  Other (specify)   Full Name (Last, First, Middle Initial)  MR THOMAS BARATTA  Mailing Address 69 SKYLINE DR  City  UPPER SADDLE RIVER  FEC ID number of contributing  | Aggregate Year-to-Date   315.00  State Zip Code NJ 07458  C  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Receipt For:  Primary  Other (specify) ▼   | Occupation VP INFO TECHNOLOGY Aggregate Year-to-Date  450.00   |  |
| SUBTOTAL of Receipts This Page (optional   | )  | 135.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 146 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 |
|--|--------------------|---|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and add       | dress of any political committee to                                     | solicit contributions from such committee.                                      |
| Full Name (Last, First, Middle Initial) MR MICHAEL BARONE  |                    |   | Date of Receipt   |
| Mailing Address 452 MEDWAY RD  |                    |   | 04 26 2008  |
| City   | State              | Zip Code  | Transaction ID: INC.A.47522   |
| HIGHLAND HEIGHTS   | OH                 | 44143   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C                  |   | 250.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP & G | n<br>ENERAL MGR   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>2250.00   |   |
| Full Name (Last, First, Middle Initial) MRS BRENDA BASSETT   |                    |   | Date of Receipt   |
| Mailing Address 1752 BLACKSTONE D  | RIVE               |   | 04 26 2008  |
| City   | State              | Zip Code  | Transaction ID: INC.A.47400   |
| CARROLLTON   | TX                 | 75007   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C                  |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP NATL |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | Year-to-Date ▼ 450.00   |   |
| Full Name (Last, First, Middle Initial)<br>MR DAVID BAUGH  |                    |   | Date of Receipt   |
| Mailing Address 1813 ADONIS AVE  |                    |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                     |
| City   | State              | Zip Code  | Transaction ID: INC.A.47452   |
| HENDERSON  | NV                 | 89074   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С                  |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation MGR BE  | n<br>NEFIT DELIVERY SYSTEMS   | 3   |
| Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  | Aggregate          | Year-to-Date ▼ 315.00   |   |
| SUBTOTAL of Receipts This Page (optional)  |                    | ·····   | 350.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page   | FOR LINE NUMBER: PAGE 147 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17   |
|--|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. I   | Statements may not be sold or used by any person and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR PETER BEGANS Mailing Address 1605 CHARNITA CT  City VIENNA FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)                  | State Zip Code VA 22182  C  Occupation VP GOVERNMENT AFFAIRS  Aggregate Year-to-Date ▼  900.00                                | Date of Receipt  M M A Z 6 Z 0 0 8  Transaction ID: INC.A.47295  Amount of Each Receipt this Period  100.00                     |
| Full Name (Last, First, Middle Initial)  MR STEPHEN BELL  Mailing Address 24 GLENWOOD ROA  City  UPPER SADDLE RIVER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | D  State Zip Code NJ 07458  C  Occupation VP FINANCE  Aggregate Year-to-Date ▼  450.00  | Date of Receipt  M M / 26 / 2008  Transaction ID: INC.A.47464  Amount of Each Receipt this Period  50.00                        |
| Full Name (Last, First, Middle Initial) JEAN BERGWALL Mailing Address 2546 HOLLYHOCK Color City GERMANTOWN FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify) ▼            | State Zip Code TN 38138  C  Occupation DIR PRODUCT LINE II  Aggregate Year-to-Date  225.00                                    | Date of Receipt  M M / D D / Y Y Y Y Y  O 4 2 6 2 0 0 8  Transaction ID: INC.A.47560  Amount of Each Receipt this Period  25.00 |
| SUBTOTAL of Receipts This Page (optional)  | <b>&gt;</b>   | 175.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 148 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 1   |
|---|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | Statements may not be sold or used by any persename and address of any political committee  POLITICAL ACTION COMMITTEE (a.k. | to solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR DAVID BERRY  Mailing Address 11 COBBLESTONE L  City RAMSEY  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)      | ANE  State Zip Code NJ 07446  C  Occupation DIR ISD  Aggregate Year-to-Date  225.00  | Date of Receipt  M M C 26 2008  Transaction ID: INC.A.47330  Amount of Each Receipt this Period  25.00                        |
| Full Name (Last, First, Middle Initial)  MS EILEEN BIDELL  Mailing Address 71 WASHINGTON CT  City  TOWACO  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) |  | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) MR FLOYD BILLINGS  Mailing Address 4273 BROGDAN FAF  City BUFORD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   | State Zip Code GA 30518  C  Occupation TECHNICAL SPECIALIST  Aggregate Year-to-Date  225.00                                  | Date of Receipt  M M / D D D / Y Y Y Y Y  O 4 26 2008  Transaction ID: INC.A.47341  Amount of Each Receipt this Period  25.00 |
| SUBTOTAL of Receipts This Page (optional) .   |  | 75.00   |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 149 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17            |
|----------|---|--------------------------------|---|--|
|          | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
|          | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL .                    | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial) CALVIN BINGHAM  |                                |   | Date of Receipt  |
|          | Mailing Address 13702 W. 48TH ST.   | 01-1-                          | 7'- 0-1-  | 04 26 2008   |
|          | City<br>SHAWNEE   | State<br>KS                    | Zip Code<br>66216   | Transaction ID: INC.A.47545  Amount of Each Receipt this Period                              |
|          | FEC ID number of contributing federal political committee.  | С                              |   | 25.00  |
|          | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation DIR CLII            | on<br>NICAL OPS   |  |
|          | Receipt For:  ☐ Primary ☐ General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>225.00  |  |
| В.       | Full Name (Last, First, Middle Initial) BRYAN BIRCH   | 1                              |   | Date of Receipt  |
|          | Mailing Address 4 WINDRUSH LANE   |                                |   | 04 26 2008   |
|          | City  | State                          | Zip Code  | Transaction ID: INC.A.47460  |
|          | WESTPORT  FEC ID number of contributing federal political committee.  | C                              | 06880   | Amount of Each Receipt this Period  192.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation GROUP               | PRES, EMPLOYER GROUF  |  |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>1728.00   |  |
| с.<br>С. | Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO  |                                |   | Date of Receipt  |
|          | Mailing Address 26 DAYLILY DRIVE  |                                |   | 0 4 2 6 2 0 0 8  |
|          | City<br>MOUNT LAUREL  | State<br>NJ                    | Zip Code<br>08054   | Transaction ID: INC.A.47502  Amount of Each Receipt this Period                              |
|          | FEC ID number of contributing federal political committee.  | C                              | 1 1 1 1 1   | 15.00  |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR HR              | on  |  |
|          | Receipt For: Primary General Other (specify)  | Aggregate                      | e Year-to-Date ▼<br>255.00  |  |
|          | SUBTOTAL of Receipts This Page (optional)   |                                | <b>)</b>  | 232.00   |
| Ì        | TOTAL This Period (last page this line number   | only)                          | ·   |  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | <b>.</b> )         | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE   150 / 281   (check only one)          |
|--|--------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | the name and add   | dress of any political committee to   | o solicit contributions from such committee.                    |
| MEDCO HEALTH SOLUTIONS INC  Full Name (Last, First, Middle Initial)  | C. POLITICAL A     | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| MS SUZANNE BLACKBURN  Mailing Address 4520 LINWOOD LA  | NF                 |   | Date of Receipt   |
| City   | State              | Zip Code  | 0 4 2 6 2 0 0 8<br>Transaction ID: INC.A.47451                  |
| DEEPHAVEN  | MN                 | 55331   | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.   | C                  |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP CLI | n<br>ENT & MKT STRATEGIC DI   | EV  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | Year-to-Date ▼ 450.00   |   |
| Full Name (Last, First, Middle Initial)<br>MR MARK BLAKE   |                    |   | Date of Receipt   |
| Mailing Address 129 NORWOOD A\   |                    |   | 04 26 2008  |
| City<br>MONTCLAIR  | State<br>NJ        | Zip Code  | Transaction ID: INC.A.47508                                     |
| FEC ID number of contributing federal political committee.   | C                  | 07043   | Amount of Each Receipt this Period  50.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP BUSI | n<br>NESS DEV   |   |
| Receipt For:  ☐ Primary ☐ General  Other (specify) ▼   | Aggregate          | Year-to-Date ▼ 450.00   |   |
| Full Name (Last, First, Middle Initial) MR JONATHAN BLAUMAN  |                    |   | Date of Receipt   |
| Mailing Address 50 NEW ENGLAND   | DR                 |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City<br>RAMSEY   | State<br>NJ        | Zip Code<br>07446   | Transaction ID: INC.A.47286  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C                  |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP MKTI | n<br>NG & PRODUCT DEV   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | Year-to-Date ▼ 450.00   |   |
| SUBTOTAL of Receipts This Page (optional   | )                  |   | 150.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | κ)  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE   151 / 281   (check only one)                                      |
|--|---|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | nd Statements may<br>the name and add             | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) KEN BODMER                                       |   |   | Date of Receipt   |
| Mailing Address P.O. BOX 381947  |   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>GERMANTOWN   | State<br>TN                                       | Zip Code<br>38183   | Transaction ID: INC.A.47372  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C   | 35.55   | 192.00  |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation SVP FIN.                               |   |   |
| Receipt For:  Primary  General  Other (specify)  |   | Year-to-Date ▼<br>1728.00   |   |
| Full Name (Last, First, Middle Initial) MR MICHAEL BOGDA                                 |   |   | Date of Receipt   |
| Mailing Address 80 LEONA CT  |   |   | 0 4 2 6 2 0 0 8   |
| City<br>LEVITTOWN  | State<br>NY                                       | Zip Code<br>11756   | Transaction ID: INC.A.47454  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C   | 11730   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR TEC                                | n<br>HNOLOGY  |   |
| Receipt For:  Primary General  Other (specify) ▼   | <del>-                                     </del> | Year-to-Date ▼ 225.00   |   |
| Full Name (Last, First, Middle Initial) MRS HEATHER BONOME                               |   |   | Date of Receipt   |
| Mailing Address 305 10TH STREET  | NE  |   | 0 4 2 6 2 0 0 8   |
| City<br>WASHINGTON   | State<br>DC                                       | Zip Code<br>20002   | Transaction ID: INC.A.47249  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C   | 20002   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR CLIN                               | n<br>NICAL SVCS   |   |
| Receipt For:  Primary General  Other (specify) ▼   | <del></del>                                       | Year-to-Date ▼ 225.00   |   |
| SUBTOTAL of Receipts This Page (optiona  |   |   | 242.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>(</b> )                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 152 / 281 (check only one)    X        |
|--|------------------------------|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | the name and add             | dress of any political committee to   | solicit contributions from such committee.                   |
| Full Name (Last, First, Middle Initial) MR JOSEPH BOTTA Mailing Address 109 ARBOR PL  City   | State                        | Zip Code  | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| BRYN MAWR  FEC ID number of contributing federal political committee.  | C                            | 19010   | Amount of Each Receipt this Period  25.00                    |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼  | Occupation VP SALE Aggregate |   |  |
| Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 3380 SADDLEBRO  | OK STREET                    |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City   | State                        | Zip Code  | Transaction ID: INC.A.47096                                  |
| LAS VEGAS  FEC ID number of contributing federal political committee.  | C                            | 89141   | Amount of Each Receipt this Period  25.00                    |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   |                              | n<br>RM PRACTICE<br>• Year-to-Date ▼<br>425.00                                |  |
| Full Name (Last, First, Middle Initial) RUSS BOURNE  |                              |   | Date of Receipt  |
| Mailing Address 242 N HIGHLAND   |                              |   | 0 4 2 6 2 0 0 8  |
| City   | State                        | Zip Code  | Transaction ID: INC.A.47559                                  |
| MEMPHIS  FEC ID number of contributing federal political committee.  | C                            | 38111   | Amount of Each Receipt this Period  50.00                    |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP SALE           |   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                    | Year-to-Date ▼ 450.00   |  |
| SUBTOTAL of Receipts This Page (optional   | ત્રી)                        | <b>)</b>  | 100.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | )   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 153 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16                            |
|---|---|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.                  | the name and addre                                | ess of any political committee to                                       | on for the purpose of soliciting contributions o solicit contributions from such committee.               |
| Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN Mailing Address 5259 FISHERCRES  City RICHMOND  FEC ID number of contributing federal political committee. |   | Zip Code<br>23231   | Date of Receipt  M M Z G Z O O 8  Transaction ID: INC.A.47408  Amount of Each Receipt this Period  200.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | <del>-                                     </del> | JLARY CONSULTING ear-to-Date ▼ 1800.00                                  |   |
| Full Name (Last, First, Middle Initial) KAREN BOWE Mailing Address 177 N. MILL ROAD   |   |   | Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                                    |
| City  | State   | Zip Code  | Transaction ID: INC.A.47528   |
| HARRISBURG  | PA  | 17112   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   |   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation<br>AVP COMM                            | MUNITY AFFAIRS  |   |
| Receipt For:  Primary General  Other (specify) ▼  |   | ear-to-Date ▼<br>225.00   |   |
| Full Name (Last, First, Middle Initial)   |   |   | Data of Bassint   |
| MS HEIDI BOWMAN  Mailing Address 15 DAWN LANE   |   |   | Date of Receipt    M   M     D   D  |
| City  | State   | Zip Code  | Transaction ID: INC.A.47448   |
| RINGWOOD  FEC ID number of contributing federal political committee.  | C   | 07456   | Amount of Each Receipt this Period  30.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation EXEC DIR                               | STRAT PRODUCT MGM   | Т   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Yo                                      | ear-to-Date ▼<br>270.00   |   |
| SUBTOTAL of Receipts This Page (optional  | )   |   | 255.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                 | FOR LINE NUMBER: PAGE 154 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|--|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee | son for the purpose of soliciting contributions                                |
| ` '  | POLITICAL ACTION COMMITTEE (a.k.  | a. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MS GWEN BRADY  |   | Date of Receipt  |
| Mailing Address 219 E. COMO AVEN   |   | 04 26 2008   |
| City   | State Zip Code  | Transaction ID: INC.A.47178  |
| COLUMBUS   | OH 43202  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C   | 12.50  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR BUSINESS PLANNING  |  |
| Receipt For:   | Aggregate Year-to-Date ▼  |  |
| Primary General Other (specify) ▼  | 212.50  |  |
| Full Name (Last, First, Middle Initial) MS PATRICIA BRANUM   | 1   | Date of Receipt  |
| Mailing Address 210 FROG HOLLOW  | / ROAD  | 04 26 2008   |
| City   | State Zip Code  | Transaction ID: INC.A.47395  |
| COATESVILLE  | PA 19320  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C   | 75.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP INFO & PROCESS ENGINEERI  | NG   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 675.00   |  |
| Full Name (Last, First, Middle Initial)<br>MR DAVID BREEN  |   | Date of Receipt  |
| Mailing Address 27 SEALS DR  |   | 04 26 2008   |
| City   | State Zip Code  | Transaction ID: INC.A.47375  |
| MONROE   | NY 10950  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR ANALYTICAL SVCS  |  |
| Receipt For:   | Aggregate Year-to-Date ▼  |  |
| Primary General Other (specify) ▼  | 225.00  |  |
| SUBTOTAL of Receipts This Page (optional)  |   | 112.50   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | )   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 155 / 281 (check only one)    X  |
|---|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | ne name and add                                   | ress of any political committee to                                      | on for the purpose of soliciting contributions o solicit contributions from such committee.                |
| Full Name (Last, First, Middle Initial)  MS LINDA BRIDGE  Mailing Address 136 BEECH ST  City  BELLEVILLE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)  | State NJ C Occupation DIR CLIE                    | Zip Code<br>07109   | Date of Receipt  M M M 26 2008  Transaction ID: INC.A.47228  Amount of Each Receipt this Period  25.00     |
| Full Name (Last, First, Middle Initial) MR PAUL BRISSON Mailing Address 469 MANOR LANE  City PELHAM MANOR  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | <del>-                                     </del> | Zip Code 10803  DUCT DEVELOPMENT Year-to-Date ▼ 225.00                  | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47220  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) MR RICHARD BROOKLER Mailing Address 9 ROMARY COURT  City GLEN ROCK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State NJ C Occupation SR DIR F Aggregate          |   | Date of Receipt  M M M / 26  2008  Transaction ID: INC.A.47132  Amount of Each Receipt this Period  25.00  |
| SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number  |   | <u> </u>  | 75.00  |

| ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 156 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17 |
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| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any perso<br>the name and address of any political committee to<br>C. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR KENNETH BROWN Mailing Address 540 GIORDANO DI  City YORKTOWN HEIGHTS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NY 10598  C  Occupation VP INFO TECHNOLOGY  Aggregate Year-to-Date  450.00  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
| Full Name (Last, First, Middle Initial) STEVEN BROWN Mailing Address 140 S GROVE PAF  City MEMPHIS FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:   | K  State Zip Code TN 38117  C  Occupation DIR PRODUCT LINE II  Aggregate Year-to-Date ▼  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
| Primary General Other (specify)   Full Name (Last, First, Middle Initial) AMANDA BUNDY Mailing Address 5812 SEVEN POIN  City HERMITAGE  FEC ID number of contributing federal political committee.   | TS TRACE  State Zip Code TN 37076  | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optiona  | Occupation VP REIMBURSEMENT  Aggregate Year-to-Date ▼  450.00  | 125.00   |

| ACCREDO HEALTH GROUP DIR   | nd address of any political committee to second address of a second address | solicit contributions from such committee.                               |
|--|---|--|
| Full Name (Last, First, Middle Initial) BRIAN BURFORD  Mailing Address 603 CHARLESWOOD DR  City Sta MARION AF  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) MR KEVIN BURON | ate Zip Code<br>R 72364   | Date of Receipt  0 4 2 6 2 0 0 8  Transaction ID: INC.A.47537            |
| MARION  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR KEVIN BURON   | 72364   | Transaction ID: INC.A.47537  |
| federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) MR KEVIN BURON  | upation   |  |
| Receipt For:  Primary  Other (specify)  Full Name (Last, First, Middle Initial)  MR KEVIN BURON  | udation   | 25.00  |
| MR KEVIN BURON   | BUS DEV regate Year-to-Date ▼  225.00   |  |
|  |   | Date of Receipt  0 4 2 6 2 0 0 8   |
| City Sta   | •   | Transaction ID: INC.A.47269  |
| ALISO VIEJO  FEC ID number of contributing federal political committee.  C   | A 92656   | Amount of Each Receipt this Period 50.00                                 |
| MEDCO HEALTH SOLUTIONS GEI   | upation<br>NERAL MGR GROUP  |  |
| Receipt For: Primary General Other (specify)   | regate Year-to-Date ▼ 450.00  |  |
| Full Name (Last, First, Middle Initial)  MRS PEGEEN BUTTERFIELD  Mailing Address 23 NUTTING PLACE  |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y |
| City Sta   | <u>'</u>  | Transaction ID: INC.A.47194  |
| WEST CALDWELL  FEC ID number of contributing federal political committee.  C   | 07006   | Amount of Each Receipt this Period  25.00                                |
| MEDCO HEALTH SOLLITIONS  | upation DIR BUSINESS DEVELOPMENT  | -  |
| Receipt For:  Primary General  Other (specify) ▼   | regate Year-to-Date ▼   | ]  |
| SUBTOTAL of Receipts This Page (optional)  | 225.00  |  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>(</b> )                            | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 158 / 281 (check only one)    X |
|--|---------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may<br>the name and add | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions        |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                        | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)                                  |
| Full Name (Last, First, Middle Initial) MRS DOREEN CALDER                                |                                       |   | Date of Receipt                                       |
| Mailing Address 441 S ELM STREE  | Т                                     |   | 04 26 2008  |
| City   | State                                 | Zip Code  | Transaction ID: INC.A.47093                           |
| MAYWOOD  | NJ                                    | 07607   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.                               | C                                     |   | 40.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR BUS                    | n<br>INESS REQUIREMENTS   |   |
| Receipt For:   | Aggregate                             | Year-to-Date ▼  |   |
| Primary General Other (specify) ▼  |                                       | 360.00  | ]   |
| Full Name (Last, First, Middle Initial) MR GABRIEL CAPPUCCI                              |                                       |   | Date of Receipt                                       |
| Mailing Address 119 WASHINGTON   | N AVENUE                              |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
| City   | State                                 | Zip Code  | Transaction ID: INC.A.47350                           |
| <u>CHATHAM</u>   | NJ                                    | 07928   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.                               | C                                     |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP & C                    | ONTROLLER   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                             | Year-to-Date ▼ 450.00   | ]   |
| Full Name (Last, First, Middle Initial) MR RAYMOND CARLUCCI                              |                                       |   | Date of Receipt                                       |
| Mailing Address 24 SHERI DRIVE   |                                       |   | 04 26 7 2008  |
| City   | State                                 | Zip Code  | Transaction ID: INC.A.47365                           |
| ALLENDALE  | NJ                                    | 07401   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.                               | C                                     |   | 52.50   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>GENERA                  | n<br>JL MGR GROUP   |   |
| Receipt For:   | Aggregate                             | Year-to-Date ▼  |   |
| Primary General Other (specify) ▼  |                                       | 472.50  |   |
|  |                                       |   |   |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 159 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17         |
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| 7        | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|          | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL /                    | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α.       | Full Name (Last, First, Middle Initial) JOSEPH CASACCIA JR  Mailing Address 9788 LIPSEY CV                                  |                                |   | Date of Receipt   |
|          |   | Ctata                          | Zin Code  | 0 4 2 6 2 0 0 8 2 0 0 8   |
|          | City<br>GERMANTOWN  | State<br>TN                    | Zip Code<br>38139   | Transaction ID: INC.A.47329  Amount of Each Receipt this Period                           |
|          | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|          | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation DIR SPE             | on<br>ECIALTY OPS CUST SVC  |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>225.00  |   |
| Б.       | Full Name (Last, First, Middle Initial) MS MARY CASALE  | 1                              |   | Date of Receipt   |
|          | Mailing Address 822 CEDAR AVE   |                                |   | 04 26 2008  |
|          | City  | State                          | Zip Code  | Transaction ID: INC.A.47274   |
|          | HADDENFIELD  FEC ID number of contributing federal political committee.   | NJ<br>C                        | 08033   | Amount of Each Receipt this Period  25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP SALE             | on<br>ES STRATEGY & MARKETII  | NG  |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>225.00  |   |
| С.<br>С. | Full Name (Last, First, Middle Initial) MS KAREN CATHCART RUSSELL   |                                |   | Date of Receipt   |
|          | Mailing Address 148 CLUBHOUSE DF  | l                              |   | 0 4 2 6 2 0 0 8   |
|          | City<br>WEST COLUMBIA   | State<br>SC                    | Zip Code<br>29172   | Transaction ID: INC.A.47120  Amount of Each Receipt this Period                           |
|          | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR              | on<br>CLINICAL SVCS   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>225.00  |   |
|          | SUBTOTAL of Receipts This Page (optional)   |                                |   | 75.00   |
| İ        | TOTAL This Period (last page this line number   | only)                          |   |   |

| SCHEDULE A (FEC Form  | II 3A)  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 160 / 281   (check only one)                                      |
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| Any information copied from such Rep or for commercial purposes, other than | orts and Statements may<br>using the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTION                           | IS INC. POLITICAL A                               | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initia WILLIAM CONSIDINE                     | l)  |   | Date of Receipt   |
| Mailing Address 130 WEST 67   | TH STREET, #4J                                    |   | 04 26 2008  |
| City<br>NEW YORK  | State<br>NY                                       | Zip Code<br>10023   | Transaction ID: INC.A.47475  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                  | С   |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                                  | Occupation SR DIR E                               | n<br>BUSINESS PLANNING & DE   | <del></del>   |
| Receipt For:  Primary  General  Other (specify) ▼                           | Aggregate   | Year-to-Date ▼ 225.00   |   |
| Full Name (Last, First, Middle Initia<br>MR ROBERT COOK                     | ])  |   | Date of Receipt   |
| Mailing Address 270 S FRANK   | LIN TURNPIKE                                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>RAMSEY  | State<br>NJ                                       | Zip Code<br>07446   | Transaction ID: INC.A.47147  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                  | C   | 07440   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                                  | Occupation DIR HI T                               | n<br>H CARE OPS-TECHNOLOG   | GY C  |
| Receipt For:  Primary General  Other (specify) ▼                            |   | Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initia                                       | )<br> )   |   | Date of Receipt   |
|   | HOLLOW COVE                                       |   | M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O   |
| City<br>CORDOVA   | State<br>TN                                       | Zip Code<br>38016   | Transaction ID: INC.A.47536  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                  | C   | 36010   | 50.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP                                    | Occupation VP TAX                                 | n<br>AND REGULATORY REPOR   | ─ <b>-</b><br>२ <b>T</b>  |
| Receipt For:  Primary  General  Other (specify) ▼                           |   | Year-to-Date ▼ 450.00   |   |
| SUBTOTAL of Receipts This Page (o   | pptional)   | <b>_</b>  | 100.00  |

| NEW YORK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: SPARTA  FEC ID number of contributing federal Other (specify) ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  SPARTA  City SPARTA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: SPARTA  SPARTA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Amount of Each Receipt this | $\rightarrow$ $-$             | (check only one)  X 11a 11b 11c 12         | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | X)                  | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS                                     |               |
|--|-------------------------------|--|---|---------------------|--|---------------|
| Full Name (Last, First, Middle Initial)  ANTONIO CORREIA  Mailing Address 30 EAST 81ST STREET, #9B  City State Zip Code NY 10028  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  | contributions<br>h committee. | solicit contributions from such committee. | lress of any political committee to   | ng the name and add | r for commercial purposes, other than using t<br>NAME OF COMMITTEE (In Full) | or for co     |
| NEW YORK  PEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  | 2008                          | M M / D D / Y Y Y Y Y Y 200                |   | FREET, #9B          | ANTONIO CORREIA  Mailing Address 30 EAST 81ST STRI                           | Mailir        |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  |                               | Transaction ID: INC.A.47511                | •   |                     |  | -             |
| Receipt For:   | 50.00                         |  | 10028   |                     | FEC ID number of contributing  | FEC           |
| MR STEPHEN COURTMAN  Mailing Address 25 FAIRWAY TRAIL  City State Zip Code SPARTA NJ 07871  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) ▼  City State Zip Code MR HART COVEN  Mailing Address 28 OAK LANE  City State Zip Code Mailing Address 28 OAK LANE  City State Zip Code MORRISTOWN  NJ 07960  FEC ID number of contributing federal political committee.  NJ 07960  FEC ID number of contributing federal political committee.  NJ 07960  Receipt For: Primary General Occupation NJ 07960  Receipt For: Primary General Occupation NJ 07960  Receipt For: Primary General Occupation NJ 07960  Receipt For: Primary General Occupation NJ 07960  Amount of Each Receipt this  |                               |  | NESS DEV<br>Year-to-Date ▼  | VP BUSII            | Receipt For:  Primary General  | Rece          |
| City State Zip Code NJ 07871  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR HART COVEN  Mailing Address 28 OAK LANE  City State Zip Code NJ 07960  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  City State Zip Code NJ 07960  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Occupation VP INFO TECHNOLOGY  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  | Y Y Y Y Y 2 0 0 8             | M M / D D / Y Y Y                          |   | AIL                 | MR STEPHEN COURTMAN  | 8. <u>MRS</u> |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR HART COVEN  Mailing Address 28 OAK LANE  City State Zip Code MORRISTOWN  FEC ID number of contributing federal political committee.  Name of Employer Aggregate Year-to-Date ▼  Transaction ID: INC.A.47: Amount of Each Receipt this  Occupation VP INFO TECHNOLOGY  Receipt For: Primary General Aggregate Year-to-Date ▼   |                               | Transaction ID: INC.A.47248                | Zip Code  | State               | City   | City          |
| Receipt For:    Date of Receipt   Malling Address   28 OAK LANE  |                               | Amount of Each Receipt this Period         | 07871   | NJ                  | SPARTA   | <u>SPA</u>    |
| Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) MR HART COVEN Mailing Address 28 OAK LANE  City State Zip Code MORRISTOWN NJ 07960  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  Aggregate Year-to-Date ▼  Occupation VP INFO TECHNOLOGY  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  | 50.00                         | 50.0                                       |   | C                   |  |               |
| Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Lill Name (Last, First, Middle Initial) MR HART COVEN Mailing Address 28 OAK LANE  City State Zip Code MORRISTOWN NJ 07960  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Aggregate Year-to-Date ▼  Occupation VP INFO TECHNOLOGY  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼   |                               |  |   | 1 '                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS                                   | Name<br>MED   |
| MR HART COVEN  Mailing Address 28 OAK LANE  City State Zip Code  MORRISTOWN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Date of Receipt  M M  |                               |  |   | Aggregate           | Primary General  | Rece          |
| City State Zip Code Transaction ID: INC.A.473  MORRISTOWN NJ 07960  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  O 4 2 6  Transaction ID: INC.A.473  Amount of Each Receipt this  |                               | Date of Receipt                            |   | I                   | ,  |               |
| City State Zip Code Transaction ID: INC.A.473  MORRISTOWN NJ 07960  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Aggregate Year-to-Date ▼  Primary General  Primary General  Transaction ID: INC.A.473  Amount of Each Receipt this   | 2008                          |  |   |                     | Mailing Address 28 OAK LANE  | Mailin        |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  C  Occupation VP INFO TECHNOLOGY  Aggregate Year-to-Date ▼  |                               | Transaction ID: INC.A.47340                | Zip Code  | State               | City   | City          |
| Receipt For:  Primary  General  Occupation VP INFO TECHNOLOGY  Aggregate Year-to-Date  450.00  | ot this Period                | Amount of Each Receipt this Period         | 07960   | NJ                  |  |               |
| MEDCO HEALTH SOLUTIONS  VP INFO TECHNOLOGY  Receipt For:  Primary  General  450.00   | 50.00                         | 50.0                                       |   | C                   |  |               |
| Receipt For:  Aggregate Year-to-Date ▼  Primary General  |                               |  |   |                     | Name of Employer<br>MEDCO HEALTH SOLUTIONS                                   | Name<br>MED   |
|  |                               |  |   | Aggregate           | Primary General  | Rece          |
| SUBTOTAL of Receipts This Page (optional)  | 150.00                        | 150.0                                      | <b>)</b>  | nal)                | SUBTOTAL of Receipts This Page (optional)                                    | SUBTO         |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>^</b> )                                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE   162 / 281   (check only one)                                     |
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| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may<br>the name and add            | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL <i>F</i>                            | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MR ROBERT CRAIG                                  |  |   | Date of Receipt  |
| Mailing Address 7979 E SANTA CA  | TALINA DR  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>SCOTTSDALE   | State<br>AZ                                      | Zip Code<br>85255   | Transaction ID: INC.A.47232  Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                               | C  |   | 60.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>EXEC DI                            | n<br>R PRODUCT  |  |
| Receipt For:  Primary General  Other (specify) ▼   | <del>-                                    </del> | Year-to-Date ▼ 540.00   |  |
| Full Name (Last, First, Middle Initial) MR PETER CSUTOROS                                |  |   | Date of Receipt  |
| Mailing Address 16 PLEASANT AVE  | ENUE   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>LINCOLN PARK   | State<br>NJ                                      | Zip Code<br>07035   | Transaction ID: INC.A.47468  |
| FEC ID number of contributing federal political committee.                               | C  | 07000   | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR FINA                              |   |  |
| Receipt For:  Primary General  Other (specify) ▼   |  | Year-to-Date ▼ 225.00   |  |
| Full Name (Last, First, Middle Initial) MR ANGELO CUOZZO                                 |  |   | Date of Receipt  |
| Mailing Address 19 IDA COURT   |  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y 2 6 2 0 0 8  |
| City<br>STATEN ISLAND  | State<br>NY                                      | Zip Code<br>10312   | Transaction ID: INC.A.47279  |
| FEC ID number of contributing federal political committee.                               | C  | 10312   | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR TEC                               | n<br>HNOLOGY  |  |
| Receipt For:  Primary General  Other (specify) ▼   | <del> </del>                                     | Year-to-Date ▼ 225.00   |  |
| SUBTOTAL of Receipts This Page (optional   | al)  |   | 110.00   |

| SCHEDULE A (FI   | •   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                           | FOR LINE NUMBER: PAGE 163 / 281 (check only one)    X   11a  |
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| or for commercial purposes  NAME OF COMMITTE   | s, other than using the name and E (In Full)  | nay not be sold or used by any personal address of any political committee to LACTION COMMITTEE (a.k.a. | on for the purpose of soliciting contributions o solicit contributions from such committee.  a. Medco Health PAC)          |
| Full Name (Last, First, MMR JOHN DALY Mailing Address 46 E  City PARAMUS  FEC ID number of contribution federal political committed to the community of the com | State NJ  ributing ee.  UTIONS  Occupa SR DII | Zip Code<br>07652<br>ation<br>R BUS PLANNING & ADMIN<br>ate Year-to-Date ▼                              | Date of Receipt  M M / 26 2008  Transaction ID: INC.A.47383  Amount of Each Receipt this Period  25.00                     |
| Full Name (Last, First, NMS ROSELIN DANIEL Mailing Address 17 C City RANDOLPH  | Middle Initial) DEVONSHIRE DRIVE State NJ     | Zip Code<br>07869   | Date of Receipt  M M M / D D / Y Y Y Y Y  0 4 2 6 2 0 0 8  Transaction ID: INC.A.47346  Amount of Each Receipt this Period |
| FEC ID number of contrederal political committed  Name of Employer MEDCO HEALTH SOL  Receipt For:  Primary  Other (specify)  | cibuting ee.  C Occupa SR DII                 | ation R BENEFIT DELIVERY SYS ate Year-to-Date  225.00   | 25.00  |
| Full Name (Last, First, MR KENNETH DANIELS Mailing Address 2903  City PLANT CITY  FEC ID number of contributed political committed.  | State FL                                      | Zip Code<br>33567   | Date of Receipt  M M M / D D O 26 2008  Transaction ID: INC.A.47322  Amount of Each Receipt this Period  25.00             |
| Name of Employer MEDCO HEALTH SOL  Receipt For: Primary Other (specify)  | VP/GIV  |   |  |
| SUBTOTAL of Receipts 1   | his Page (optional)                           |   | 75.00  |

|                                       | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 164 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17                |
|---------------------------------------|--|--------------------------------|---|---|
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ny information copied from such Reports and S<br>r for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F | name and addr                  | ress of any political committee to                                      | solicit contributions from such committee.  |
| <b>∠</b><br><b>A</b> .                | Full Name (Last, First, Middle Initial) MR ANDREW DAVIS Mailing Address 5616 BROOK DRIVE  City EDINA   | State<br>MN                    | Zip Code<br>55439   | Date of Receipt  0 4 2 6 2 0 0 8  Transaction ID: INC.A.47230  Amount of Each Receipt this Period |
|                                       | FEC ID number of contributing federal political committee.   | C                              |   | 50.00   |
|                                       | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  |                                | CARE CLIENT & SALES SU<br>Year-to-Date ▼<br>450.00                      | JP<br>]   |
| В.                                    | Full Name (Last, First, Middle Initial) WARREN DAVIS Mailing Address 3131 SADDLEGAIT CO  | OVE                            |   | Date of Receipt  0 4 2 6 2 0 0 8  |
|                                       | City   | State                          | Zip Code  | Transaction ID: INC.A.47558   |
|                                       | GERMANTOWN FEC ID number of contributing federal political committee.  | C                              | 38138   | Amount of Each Receipt this Period  25.00   |
|                                       | Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)  | Occupation DIR FINAl Aggregate |   | 1   |
| _<br>C.                               | Full Name (Last, First, Middle Initial) MR DANIEL DAVISON Mailing Address 402 HIGHLAND AVE   | 0 0                            | 0 0 0 0 0 0 0   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                          |
|                                       | City   | State                          | Zip Code  | Transaction ID: INC.A.47366   |
|                                       | RIDGEWOOD FEC ID number of contributing federal political committee.   | NJ<br>C                        | 07450   | Amount of Each Receipt this Period  50.00   |
|                                       | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP FINA            | NCIAL & ANALYTICAL SV   |   |
|                                       | Receipt For:  Primary General  Other (specify) ▼   | Aggregate `                    | Year-to-Date ▼<br>450.00  |   |
|                                       | SUBTOTAL of Receipts This Page (optional)  |                                |   | 125.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS                      | Use separate schedule(s) for each category of the Detailed Summary Page                             | FOR LINE NUMBER: PAGE 165 / 281 (check only one)    X  |
|--|---|--|
|  | d Statements may not be sold or used by any per-<br>the name and address of any political committee |  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC         | . POLITICAL ACTION COMMITTEE (a.k.  | a. Medco Health PAC)                                   |
| Full Name (Last, First, Middle Initial) MR LUCA DEFLORENTIIS   | MVEN OT   | Date of Receipt  |
| Mailing Address W62 N1032 FAIRH/                               | State Zip Code  | 0 4 2 6 2 0 0 8  Transaction ID: INC.A.47296           |
| CEDARBURG  | WI 53012  | Amount of Each Receipt this Period                     |
| FEC ID number of contributing federal political committee.     | C   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                     | Occupation SR DIR ACCT MGMT   |  |
| Receipt For:  Primary General  Other (specify) ▼               | Aggregate Year-to-Date ▼ 225.00   |  |
| Full Name (Last, First, Middle Initial)<br>MR PAUL DELLO RUSSO | l   | Date of Receipt  |
| Mailing Address 80 HILLSIDE AVEN                               | UE  | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City   | State Zip Code  | Transaction ID: INC.A.47267                            |
| GLEN RIDGE   | NJ 07028  | Amount of Each Receipt this Period                     |
| FEC ID number of contributing federal political committee.     | C   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                     | Occupation ASST COUNSEL   |  |
| Receipt For:  Primary General                                  | Aggregate Year-to-Date ▼  | _  |
| Other (specify)  | 225.00  |  |
| Full Name (Last, First, Middle Initial) MS TONI DEMANSS        |   | Date of Receipt  |
| Mailing Address 32 RED BARN LAN                                | E   | 0 4 D D / Y Y Y Y Y Y Y Z 0 0 8                        |
| City   | State Zip Code  | Transaction ID: INC.A.47483                            |
| WEST MILFORD   | NJ 07480  | Amount of Each Receipt this Period                     |
| FEC ID number of contributing federal political committee.     | C   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                     | Occupation DIR FINANCE  |  |
| Receipt For:  Primary General  Other (specify) ▼               | Aggregate Year-to-Date ▼  225.00  |  |
| SUBTOTAL of Receipts This Page (optional                       |   | 75.00  |

|          | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 166 / 281 (check only one)    X   11a   |
|----------|---|---|---|---|
| An       | y information copied from such Reports and S<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F   | name and add                            | dress of any political committee to   | o solicit contributions from such committee.  |
| <u> </u> | Full Name (Last, First, Middle Initial) MS ANN-MARGARET DEMARCO Mailing Address 1 RUGBY ROAD  City CEDAR GROVE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State NJ C Occupatio DIR FINA Aggregate |   | Date of Receipt  M M M / D D / Y Y Y Y Y  Q 6 / 2 0 0 8  Transaction ID: INC.A.47148  Amount of Each Receipt this Period  25.00   |
| <br>3.   | Full Name (Last, First, Middle Initial) MS MAUREEN DEMPSEY Mailing Address 17 RICHWOOD PLAC City DENVILLE FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS   | State NJ C Occupatio                    | Zip Code<br>07834   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 2 6 2 0 0 8  Transaction ID: INC.A.47498  Amount of Each Receipt this Period  25.00 |
| <br>C.   | Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial) DONNA DENARDO Mailing Address W2996 GIBRALTER R  City  |   | e Year-to-Date ▼ 225.00  Zip Code   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|          | FISH CREEK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)  |   | n<br>BENERAL MGR MEDICARE<br>e Year-to-Date ▼<br>1730.70                      | Amount of Each Receipt this Period  192.30  |
| SI       | UBTOTAL of Receipts This Page (optional)  |   |   | 242.30  |

|             | HEDULE A (FEC Form 3X) MIZED RECEIPTS  |                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 167 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17 |
|-------------|--|-----------------------|---|--|
| or fo       | information copied from such Reports and So<br>or commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | name and ad           | dress of any political committee to   | o solicit contributions from such committee.                                       |
| <u> </u>    | MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL /            | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)   |
|             | Full Name (Last, First, Middle Initial)<br>MR JOHN DERRICO   |                       |   | Date of Receipt  |
| _           | Mailing Address 195 HACKENSACK AV  | /ENUE                 |   | 04 26 2008   |
|             | City<br>HARRINGTON PARK  | State<br>NJ           | Zip Code<br>07640   | Transaction ID: INC.A.47457  Amount of Each Receipt this Period                    |
| F           | FEC ID number of contributing ederal political committee.  | C                     |   | 25.00  |
| <u> </u>    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR I | n<br>MARKETING  |  |
| F           | Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | e Year-to-Date ▼<br>225.00  |  |
| B. <u>N</u> | Full Name (Last, First, Middle Initial) MS LAURA DEVEAU  |                       |   | Date of Receipt  |
| N           | Mailing Address 2289 BEDFORD ST AF   | 04 26 2008            |   |  |
|             | Dity   | State                 | Zip Code  | Transaction ID: INC.A.47287  |
| F           | STAMFORD FEC ID number of contributing ederal political committee.   | CT                    | 06905   | Amount of Each Receipt this Period  25.00  |
| Ŋ           | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupatio<br>AVP MA   | n<br>RKETING  |  |
| F           | Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | e Year-to-Date ▼<br>225.00  |  |
|             | Full Name (Last, First, Middle Initial)<br>MS KAREN DEZEARN  |                       |   | Date of Receipt  |
| _           | Mailing Address 3625 PATTERSTONE   | DR                    |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|             | City   | State                 | Zip Code  | Transaction ID: INC.A.47122  |
| F           | ALPHARETTA FEC ID number of contributing ederal political committee.   | GA                    | 30022   | Amount of Each Receipt this Period  25.00  |
| <u> </u>    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR NATI  | n<br>_ ACCT EXEC  | _  |
| F           | Receipt For:  Primary General  Other (specify) ▼   |                       | e Year-to-Date ▼  225.00  |  |
| SU          | BTOTAL of Receipts This Page (optional)  |                       |   | 75.00  |
| то          | TAL This Period (last page this line number  | only)                 |   |  |

|            | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 168 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17 |
|------------|--|----------------------------|---|--|
|            | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F | name and ad                | dress of any political committee to   | solicit contributions from such committee.   |
| <b>∆</b> . | Full Name (Last, First, Middle Initial)  MR WILLIS DINGLE  Mailing Address 17826 ARBOR GREEN   |                            |   | Date of Receipt  |
|            | City<br>TAMPA  | State<br>FL                | Zip Code<br>33647   | Transaction ID: INC.A.47193  Amount of Each Receipt this Period                    |
|            | FEC ID number of contributing federal political committee.   | C                          |   | 25.00  |
|            | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation VP HR Aggregate | e Year-to-Date ▼ 350.00   |  |
| -<br>3.    | Full Name (Last, First, Middle Initial) ANDREW DOEDYNS Mailing Address 117 CREST DRIVE   |                            |   | Date of Receipt  0 4 2 6 2 0 0 8   |
|            | City   | State                      | Zip Code  | Transaction ID: INC.A.47526  |
|            | BEAVER FEC ID number of contributing federal political committee.  | C                          | 15009   | Amount of Each Receipt this Period  25.00  |
|            | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR CLIN        | n<br>NICAL OPS  |  |
|            | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                  | e Year-to-Date ▼<br>225.00  |  |
| -<br>;.    | Full Name (Last, First, Middle Initial) MR ROBERT DOLAN Mailing Address 9 CRANE AVENUE   |                            |   | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y                   |
|            | City   | State                      | Zip Code  | Transaction ID: INC.A.47347  |
|            | WEST CALDWELL  FEC ID number of contributing federal political committee.  | C                          | 07006   | Amount of Each Receipt this Period  25.00  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR BEN         | n<br>IEFIT DELIVERY SYSTEMS   |  |
|            | Receipt For:  Primary  General  Other (specify)  |                            | e Year-to-Date ▼<br>225.00  |  |
|            | SUBTOTAL of Receipts This Page (optional)  | I                          |   | 75.00  |
|            | TOTAL This Period (last page this line number  | only)                      |   |  |

|                              | EHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 169 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 16           |
|------------------------------|--|--------------------------------|---|---|
| or fo                        | r information copied from such Reports and S<br>or commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F   | name and add                   | dress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|                              | Full Name (Last, First, Middle Initial) MS MERIDITH DORNER Mailing Address 4448 CREEK ROAD  City ALLENTOWN FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General | State PA C Occupation SR DIR A | Zip Code 18104  n ACCT MGMT e Year-to-Date                                    | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| <u> </u><br> -<br> -         | Other (specify)   Full Name (Last, First, Middle Initial)  MICHEL DUFRESNE  Mailing Address 58 INDEPENDENCE V  City  MORRIS TWP  | VAY State NJ                   | Zip Code<br>07960   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| -<br> <br> <br> <br> -       | FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | Occupatio<br>VP ENTE           |   | 192.30  |
| -<br>-<br>(<br><u>-</u><br>- | Full Name (Last, First, Middle Initial) MR DANA DUNCAN Mailing Address 72 HALLEY DR  City POMONA FEC ID number of contributing federal political committee.  | State<br>NY                    | Zip Code<br>10970   | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| _                            | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | . '                            | TECHNOLOGY  e Year-to-Date ▼  225.00  |   |
| su                           | BRTOTAL of Receipts This Page (optional)   |                                |   | 242.30  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | <b>x</b> )                     | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 170 / 281 (check only one)    X                    |
|---|--------------------------------|---|--|
| Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS IN | g the name and addi            | ress of any political committee to                                      | solicit contributions from such committee.                               |
| Full Name (Last, First, Middle Initial)  MR PETER DUNLEAVY  Mailing Address 2 DECKER TERRA  City  | ACE<br>State                   | Zip Code  | Date of Receipt    M   |
| KINNELON  FEC ID number of contributing federal political committee.  | NJ                             | 07405   | Amount of Each Receipt this Period  25.00                                |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | Occupation DIR FINAl Aggregate |   |  |
| Full Name (Last, First, Middle Initial) MR STEPHEN DUNLEAVY Mailing Address 14026 KNOX STR  | EET                            |   | Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y |
| City  | State                          | Zip Code  | Transaction ID: INC.A.47190  |
| OVERLAND PARK  FEC ID number of contributing federal political committee.   | C                              | 66221   | Amount of Each Receipt this Period  50.00                                |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                                | S SEGMENT LEADER  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate '                    | Year-to-Date ▼<br>450.00  | ]  |
| Full Name (Last, First, Middle Initial)<br>MR MARK DUNN   | <b>'</b>                       |   | Date of Receipt  |
| Mailing Address 2 OLD MILL ROAD   | )                              |   | 0 4 2 6 2 0 0 8  |
| City  | State<br>CT                    | Zip Code  | Transaction ID: INC.A.47164  |
| SANDY HOOK  FEC ID number of contributing federal political committee.  | C                              | 06482   | Amount of Each Receipt this Period  25.00                                |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR T            | ECHNOLOGY   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate '                    | Year-to-Date ▼ 225.00   |  |
| SUBTOTAL of Receipts This Page (optional  | al)                            |   | 100.00   |

|                                       | HEDULE A (FEC Form 3X) MIZED RECEIPTS  |                      | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 171 / 281 (check only one)    X   |
|---------------------------------------|--|----------------------|---|---|
| or fo                                 | information copied from such Reports and S<br>or commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F   | name and ad          | dress of any political committee to                                     | o solicit contributions from such committee.  |
| F F F F F F F F F F F F F F F F F F F | Full Name (Last, First, Middle Initial) OR SUMIT DUTTA Mailing Address 534 HUDSON STREE #3C City NEW YORK FEC ID number of contributing ederal political committee.  Jame of Employer MEDCO HEALTH SOLUTIONS |                      | Zip Code<br>10014   | Date of Receipt    M   M   26   2008   Transaction ID: INC.A.47276   Amount of Each Receipt this Period   77.00 |
| R                                     | Receipt For:  Primary General  Other (specify)   |                      | ENERAL MGR  e Year-to-Date ▼  693.00                                    |   |
| 3. <u>P</u>                           | iull Name (Last, First, Middle Initial)<br>REBECCA DYER<br>Mailing Address 1400 POPLAR ESTAT   | ES PKY               |   | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y  |
| C                                     | Dity   | State                | Zip Code  | Transaction ID: INC.A.47546   |
| <u>C</u>                              | GERMANTOWN   | TN                   | 38138   | Amount of Each Receipt this Period  |
| fe<br>                                | EC ID number of contributing ederal political committee.   | С                    |   | 25.00   |
| N<br>A                                | lame of Employer<br>ACCREDO HEALTH GROUP   | Occupatio<br>DIR PRO | n<br>DJECT MGMT   |   |
| R                                     | Receipt For:   | Aggregate            | e Year-to-Date 🔻  |   |
|                                       | Primary General Other (specify) ▼  | 0 0                  | 225.00  |   |
|                                       | Full Name (Last, First, Middle Initial)  |                      |   | Date of Receipt   |
| N                                     | Mailing Address 109 KAREN PLACE  |                      |   | 04 26 2008  |
| C                                     | Dity   | State                | Zip Code  | Transaction ID: INC.A.47153   |
| <u>V</u>                              | WYCKOFF  | NJ                   | 07481   | Amount of Each Receipt this Period  |
|                                       | EC ID number of contributing ederal political committee.   | C                    |   | 50.00   |
| N<br>N                                | lame of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP/GM   | n   |   |
| R                                     | Receipt For:  Primary General  Other (specify) ▼   | Aggregate            | e Year-to-Date ▼<br>450.00  |   |
| CIII                                  | BTOTAL of Receipts This Page (optional)  |                      |   | 152.00  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  | · <b>A</b> )        | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 1/2/281   (check only one)            |
|---|---------------------|---|---|
| Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS IN | ng the name and add | dress of any political committee to   |   |
| Full Name (Last, First, Middle Initial) DR WOODY EISENBERG, MD Mailing Address 128 SUMMIT AVE  City   | State               | Zip Code  | Date of Receipt  0 4 2 6 2 0 0 8  Transaction ID: INC.A.47486 |
| UPPER MONTCLAIR  FEC ID number of contributing federal political committee.   | NJ<br>C             | 07043   | Amount of Each Receipt this Period  50.00                     |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | <del> </del>        | n<br>RE CHIEF MEDICAL OFFIC<br>Year-to-Date ▼<br>450.00                       | CER   |
| Full Name (Last, First, Middle Initial) MR FREDERICK ELSTON Mailing Address 106 GRAHAM TE   | RRACE               |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  | State               | Zip Code  | Transaction ID: INC.A.47337                                   |
| SADDLE BROOK  FEC ID number of contributing federal political committee.  | NJ<br>C             | 07663   | Amount of Each Receipt this Period  25.00                     |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation          | n<br>CAL SPECIALIST   |   |
| Receipt For:  Primary General  Other (specify) ▼  |                     | e Year-to-Date ▼ 225.00   |   |
| Full Name (Last, First, Middle Initial) MR BRAD EPSTEIN   |                     |   | Date of Receipt   |
| Mailing Address 359 LONG HILL F   | ROAD EAST           |   | 0 4 2 6 2 0 0 8   |
| City  | State               | Zip Code  | Transaction ID: INC.A.47489                                   |
| BRIARCLIFF MANOR  FEC ID number of contributing federal political committee.  | C                   | 10510   | Amount of Each Receipt this Period  50.00                     |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP COR   | n<br>P COMMUNICATIONS   |   |
| Receipt For:  Primary General  Other (specify) ▼  |                     | Year-to-Date ▼ 450.00   |   |
| SUBTOTAL of Receipts This Page (option  | I<br>nal)           |   | 125.00  |

| UPPER GRANDVIEW  FEC ID number of contributing federal political committee.  Name of Employer MEDOO HEALTH SOLUTIONS  Receipt For:    Primary   General   Other (specify) ▼  | $\rightarrow$                    | (check only one)  X 11a 11b 11c 12                              | Llaa aanarata aahadula(a)              | •  | SCHEDULE A (FEC<br>ITEMIZED RECEIPT                     |
|--|----------------------------------|---|--|--|---|
| Date of Receipt    Date of Receipt   Date of Receipt   | g contributions<br>ch committee. | olicit contributions from such committe                         | lress of any political committee to so | oses, other than using the name and ad<br>TTEE (In Full) | or for commercial purposes, other NAME OF COMMITTEE (In |
| UPPER GRANDVIEW  FEC ID number of contributing federal political committee.  Name of Employer MEDICAL&ANLYTC AFFRS  Receipt For:    Primary  | 2008                             | M M / D D / Y Y Y   |  | EIN  | DR ROBERT EPSTEIN                                       |
| Same of Employer   Coupation   CMO SVP MEDICAL&ANLYTC AFFRS  | ipt this Period                  | Transaction ID: INC.A.47085  Amount of Each Receipt this Period | · ·                                    | VIEW NY  | UPPER GRANDVIEW   |
| Receipt For:   | 192.31                           | 192   | 1                                      | nmittee.   | federal political committee.                            |
| Mailing Address 100 WINSTON DRIVE  17 C NORTH  City  CLIFFSIDE PARK  NJ 07010  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  Other (specify) ▼  City  State Zip Code  Transaction ID: INC./  Amount of Each Receipt  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  RICHARD FARIS  Mailing Address 2020 HEATHER COVE  City  MEMPHIS  FEC ID number of contributing federal political committee.  City  MEMPHIS  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Name of Employer ACCREDO HEALTH GROUP  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary  General  Occupation  VP HEALTH OUTCOME SOLUTIONS  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼   |                                  |   | Year-to-Date ▼                         | Aggregate General  | Receipt For:  |
| City State Zip Code Transaction ID: INC./ CLIFFSIDE PARK NJ 07010  Amount of Each Receipt FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) RICHARD FARIS Mailing Address 2020 HEATHER COVE  City State Zip Code Transaction ID: INC./ MEMPHIS TN 38119  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General  Occupation VP HEALTH OUTCOME SOLUTIONS Receipt For: Primary General   | 2008                             | M M / D D / Y Y Y   |  | IS 100 WINSTON DRIVE                                     | MR YAKOV ESTERLIS  Mailing Address 100 WI               |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Page 1   |                                  | Transaction ID: INC.A.47438                                     | Zip Code                               |  |   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Patential State Sip Code Transaction ID: INC./  MEMPHIS  Name of Employer ACCREDO HEALTH GROUP  Name of Employer ACCREDO HEALTH GROUP  Primary General  Occupation SR DIR BENEFIT DELIVERY SYS  Aggregate Year-to-Date ▼  Date of Receipt  M M M / D D O / | ipt this Period                  | Amount of Each Receipt this Period                              | 07010                                  | RK NJ  | CLIFFSIDE PARK  |
| Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  Pull Name (Last, First, Middle Initial)  RICHARD FARIS  Mailing Address 2020 HEATHER COVE  City  State Zip Code  Transaction ID: INC./  MEMPHIS  TN 38119  Amount of Each Receipt  C  Name of Employer  ACCREDO HEALTH GROUP  Receipt For:  Primary  General  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼   | 25.00                            | 25  |  | nmittee.   | federal political committee.                            |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) RICHARD FARIS Mailing Address 2020 HEATHER COVE  City State Zip Code MEMPHIS TN 38119  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General  Aggregate Year-to-Date ▼  1225.00  Date of Receipt  10 4 2 6  Transaction ID: INC. A  Amount of Each Receipt  C  Aggregate Year-to-Date ▼   |                                  |   | BENEFIT DELIVERY SYS                   | SK DIK   |   |
| RICHARD FARIS  Mailing Address 2020 HEATHER COVE  City State Zip Code  MEMPHIS TN 38119  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General  Date of Receipt  M M M O 4 2 6  Transaction ID: INC. A  Amount of Each Receipt  Occupation  VP HEALTH OUTCOME SOLUTIONS  Aggregate Year-to-Date ▼   |                                  |   |  | General  | Primary Ger   |
| City State Zip Code Transaction ID: INC./ MEMPHIS TN 38119  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General  O4 26  Transaction ID: INC./ Amount of Each Receipt  Occupation VP HEALTH OUTCOME SOLUTIONS  Aggregate Year-to-Date   450.00  |                                  | '   |  | ·  | RICHARD FARIS   |
| MEMPHIS  TN 38119  Amount of Each Receipt FeC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Primary  General  Amount of Each Receipt Focation  Occupation  VP HEALTH OUTCOME SOLUTIONS  Aggregate Year-to-Date  450,00  | 2008                             |   |  | 2020 HEATHER COVE  | Mailing Address 2020 H                                  |
| FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary  General  C  Occupation VP HEALTH OUTCOME SOLUTIONS  Aggregate Year-to-Date   |                                  | Transaction ID: INC.A.47556                                     | · ·                                    |  |   |
| Receipt For:  Primary  General  Aggregate Year-to-Date  450,00   | 50.00                            | Amount of Each Receipt this Perio                               | 38119                                  | contributing   | FEC ID number of contribut                              |
| Primary General 450,00   |                                  |   |  | TH GROUP Occupation VP HEA                               |   |
| Guidi (opesily) V  |                                  |   |  | General  |   |
| SUBTOTAL of Receipts This Page (optional)  | 267.31                           | 267   |  | pts This Page (optional)                                 | SUBTOTAL of Receipts This                               |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                               | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 174 / 281 (check only one)    X |
|--|-------------------------------|---|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may<br>name and add | not be sold or used by any perso<br>ress of any political committee to  |   |
| MEDCO HEALTH SOLUTIONS INC. P  | POLITICAL A                   | CTION COMMITTEE (a.k.a  | Medco Health PAC)                                     |
| Full Name (Last, First, Middle Initial) DR RICHARD FEIFER  |                               |   | Date of Receipt                                       |
| Mailing Address 32 EILEEN DR   |                               |   | 04 26 2008  |
| City   | State                         | Zip Code  | Transaction ID: INC.A.47221                           |
| MAHWAH   | NJ                            | 07430   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.   | C                             |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP CARE            | ENHANCING SOLUTIONS   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                     | Year-to-Date ▼<br>450.00  |   |
| Full Name (Last, First, Middle Initial) MR THOMAS FEITEL   |                               |   | Date of Receipt                                       |
| Mailing Address 58 APPLE HILL DR   |                               |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
| City   | State                         | Zip Code  | Transaction ID: INC.A.47270                           |
| GILLETTE   | NJ                            | 07933   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.   | C                             |   | 192.23  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP COF         | P MKTG & E-COMM   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                     | Year-to-Date ▼<br>1537.84   |   |
| Full Name (Last, First, Middle Initial) MR STUART FELDMAN  |                               |   | Date of Receipt                                       |
| Mailing Address 109 MEADOWBROOK  | ROAD                          |   | 04 26 2008  |
| City   | State                         | Zip Code  | Transaction ID: INC.A.47083                           |
| RANDOLPH   | NJ                            | 07869   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.   | C                             |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation EXEC DIF           | R E-COMM STRAT & DELIV  | ,   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                     | Year-to-Date ▼ 225.00   |   |
| SUBTOTAL of Receipts This Page (optional)  |                               | <b>)</b>  | 267.23  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 175 / 281 (check only one)    X  |
|--|--------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | ne name and add                | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.                  |
| Full Name (Last, First, Middle Initial) MS DAWN FELDNER Mailing Address 275 BIRCH STREET  City EMERSON FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General | State NJ  C  Occupatio DIR BUS | Zip Code<br>07630<br>n<br>SINESS REQUIREMENTS<br>e Year-to-Date ▼             | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47409  Amount of Each Receipt this Period  25.00 |
| Other (specify) ▼  Full Name (Last, First, Middle Initial)  MR THOMAS FERRAZZANO  Mailing Address 464 SPRING AVE.  City  RIDGEWOOD  FEC ID number of contributing federal political committee.   | State<br>NJ                    | Zip Code<br>07450   | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47367  Amount of Each Receipt this Period  25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  | <del>-, '</del>                | TECHNOLOGY e Year-to-Date ▼ 225.00  |  |
| MR DON FISCHER  Mailing Address 10 TRACY CIRCLE  City  CAMPBELL HALL  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)                 | <del>-, '</del>                | Zip Code<br>10916<br>n<br>TECHNOLOGY<br>e Year-to-Date ▼                      | Date of Receipt  M M M   |
| SUBTOTAL of Receipts This Page (optional)  |                                | <b>)</b>  | 75.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 176 / 281 (check only one)    X   11a  |
|---|--------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | e name and add                 | dress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee.                |
| Full Name (Last, First, Middle Initial) MR EDWARD FISCHER Mailing Address 465 OLD STONE RD  City RIDGEWOOD  FEC ID number of contributing federal political committee.  | State NJ                       | Zip Code 07450  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | <del>- '</del>                 | n<br>ICAL PROD INTEGRATION<br>e Year-to-Date ▼<br>450.00                      |  |
| Full Name (Last, First, Middle Initial) MR ANTHONY FLOWERS  Mailing Address 1933 MT. OLIVE AGOSTA ROAD  City NEW BLOOMINGTON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | + '                            | Zip Code<br>43341<br>n<br>HLTH CARE OPS<br>e Year-to-Date ▼                   | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47312  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) CHAD FOREMAN Mailing Address 9544 DOGWOOD ES  City GERMANTOWN  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)                          | State TN C Occupation DIR FINA |   | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47561  Amount of Each Receipt this Period  25.00 |
| SUBTOTAL of Receipts This Page (optional) .   |                                |   | 100.00   |

|                       | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                                   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 177 / 281 (check only one)    X  |
|-----------------------|---|-----------------------------------|---|--|
|                       | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. P                                  | name and add                      | dress of any political committee to                                     | o solicit contributions from such committee.   |
| <b>∠</b><br><b>4.</b> | Full Name (Last, First, Middle Initial) KEVIN FRANCO  Mailing Address 648 RIVERSIDE DR #222  City MEMPHIS  FEC ID number of contributing  | State<br>TN                       | Zip Code<br>38103   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 2 6 2 0 0 8  Transaction ID: INC.A.47384  Amount of Each Receipt this Period |
|                       | federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)   | Occupatio<br>VP FINA<br>Aggregate |   | 50.00  |
| <b>-</b> -            | Full Name (Last, First, Middle Initial) MR JOSEPH FRENDO Mailing Address 9 GREEN HILL TRAIL  City TROPHY CLUB  FEC ID number of contributing federal political committee.  Name of Employer | State TX C                        | Zip Code<br>76262   | Date of Receipt  M M M / 26  |
| _                     | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼   | -1                                | ONAL SERVICE CENTER  2 Year-to-Date ▼  850.00                           | ]  |
| С.                    | Full Name (Last, First, Middle Initial) MR ANDREW FRIEDELL Mailing Address 1434 NARRAGANSET   |                                   | 7. 0.1  | Date of Receipt  0 4 2 6 2 0 0 8   |
|                       | City CRANSTON  FEC ID number of contributing federal political committee.   | State<br>RI                       | Zip Code<br>02905   | Transaction ID: INC.A.47184  Amount of Each Receipt this Period  30.00   |
|                       | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  |                                   | on  V AFFAIRS  e Year-to-Date  ▼  270.00                                |  |
|                       | SUBTOTAL of Receipts This Page (optional)   |                                   |   | 130.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | )                           | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 178 / 281 (check only one)    X                    |
|---|-----------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC | the name and add            | dress of any political committee to                                     | solicit contributions from such committee.                               |
| Full Name (Last, First, Middle Initial) ROBERT FURTH Mailing Address 1450 PORTLAND A  | VENUE<br>State              | Zip Code  | Date of Receipt  M M A 26 2008  Transaction ID: INC.A.47543              |
| ST PAUL  FEC ID number of contributing federal political committee.   | MN                          | 55104   | Amount of Each Receipt this Period  25.00                                |
| Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify) ▼  | Occupation GENERA Aggregate |   |  |
| Full Name (Last, First, Middle Initial) MR JOSEPH GALARDI Mailing Address 24 MOREHOUSE P  | L                           |   | Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y |
| City  NEW PROVIDENCE  FEC ID number of contributing federal political committee.  | State<br>NJ                 | Zip Code<br>07974   | Transaction ID: INC.A.47082  Amount of Each Receipt this Period  50.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   | Occupation VP & CO          |   |  |
| Full Name (Last, First, Middle Initial) MS PAMELA GALASSINI Mailing Address 720 N. LARRABEE   |                             |   | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y         |
| APT 1701 City CHICAGO FEC ID number of contributing federal political committee.  | State IL                    | Zip Code<br>60610   | Transaction ID: INC.A.47447  Amount of Each Receipt this Period  192.31  |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For:  |                             | n<br>ENERAL MGR<br>Year-to-Date ▼                                       |  |
| Primary General Other (specify) ▼   | 7.991.09410                 | 1730.79   |  |
| SUBTOTAL of Receipts This Page (optional  | )                           |   | 267.31   |

|         | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                                | Use separate schedule(s) for each category of the Detailed Summary Page    | FOR LINE NUMBER: PAGE 179 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17          |
|---------|--|--------------------------------|--|---|
| ,       | any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements ma<br>e name and ad | y not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|         | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. I   | POLITICAL                      | ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial) MS PATRICIA GALLAGHER Mailing Address 842 ASHLER CT        |                                |  | Date of Receipt   |
|         |  |                                |  | 04 26 2008  |
|         | City<br>COLUMBUS   | State<br>OH                    | Zip Code<br>43235  | Transaction ID: INC.A.47410  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.   | C                              |  | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation NATL AC             | on<br>CCT EXEC   |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>225.00   |   |
| <br>3.  | Full Name (Last, First, Middle Initial) MR BARNEY GALLASSIO  | l                              |  | Date of Receipt   |
|         | Mailing Address 69 LAKEVIEW DR   |                                |  | 04 26 2008  |
|         | City<br>OLD TAPPAN   | State<br>NJ                    | Zip Code<br>07675  | Transaction ID: INC.A.47303   |
|         | FEC ID number of contributing federal political committee.   | C                              | 07073  | Amount of Each Receipt this Period  50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP CLIE             | on<br>NT RELATIONS   |   |
|         | Receipt For: Primary General Other (specify)   | Aggregate                      | e Year-to-Date ▼<br>450.00   | ]   |
| _<br>). | Full Name (Last, First, Middle Initial)<br>MICHAEL GALVIN  |                                |  | Date of Receipt   |
|         | Mailing Address 25 BALLYMEADE RO   | AD                             |  | 0 4 2 6 2 0 0 8   |
|         | City HOPEWELL JUNCTION   | State<br>NY                    | Zip Code<br>12533  | Transaction ID: INC.A.47471  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.   | C                              |  | 192.31  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SVP/CH            | on<br>IEF INFRASTRUCTURE OF  | ─<br>FR   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>1730.79  |   |
|         | SUBTOTAL of Receipts This Page (optional)  |                                |  | 267.31  |
| H       | TOTAL This Period (last page this line number  |                                | <u> </u>   |   |

|           | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  |                                 | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 180 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                        |
|-----------|---|---------------------------------|---|--|
|           | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. Polymers   | name and add                    | dress of any political committee to   | solicit contributions from such committee.   |
| <b>A.</b> | Full Name (Last, First, Middle Initial) MR OMHARAISRIRAM GANGAIKONDAN-IYER Mailing Address 9 CAIRNES ROAD  City MORRIS PLAINS FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | _                               | Zip Code<br>07950<br>on<br>CAL SPECIALIST<br>e Year-to-Date ▼                 | Date of Receipt  M M Z 26 Z 008  Transaction ID: INC.A.47478  Amount of Each Receipt this Period  25.00  |
| В.        | Full Name (Last, First, Middle Initial) MR PETER GAYLORD Mailing Address 1201 BRIDGE STREET  City ASBURY PARK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)                | State NJ  C  Occupation SVP TRE | Zip Code 07712  n EASURY & FINANCIAL EVA e Year-to-Date ▼ 450.00              | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| <b>-</b>  | Full Name (Last, First, Middle Initial) MR FRANK GENTILELLA Mailing Address 20 BROOKSHIRE DR  City ROBBINSVILLE FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)               |                                 | Zip Code<br>08691<br>on<br>AL MGR GROUP<br>e Year-to-Date ▼<br>450.00         | Date of Receipt  M M / 26 / 2008  Transaction ID: INC.A.47192  Amount of Each Receipt this Period  50.00 |
|           | SUBTOTAL of Receipts This Page (optional)   |                                 | )   | 125.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | .)                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 181 / 281   (check only one)  |
|---|--------------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may<br>the name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                    | . POLITICAL A                        | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MATTHEW GIBBS                                     |                                      |   | Date of Receipt   |
| Mailing Address 27 N. WACKER DR SUITE 246   |                                      |   | 04 26 2008  |
| City<br>CHICAGO   | State<br>IL                          | Zip Code<br>60606   | Transaction ID: INC.A.47519   |
| FEC ID number of contributing federal political committee.                                | C                                    | 00000   | Amount of Each Receipt this Period  75.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation CHIEF C                   | n<br>ELINICAL OFFICER   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                            | e Year-to-Date ▼<br>675.00  |   |
| Full Name (Last, First, Middle Initial) MR ROBERT GIBBS                                   |                                      |   | Date of Receipt   |
| Mailing Address 544 DENMOOR CO  | URT                                  |   | 04 26 7 2008  |
| City<br>GALLOWAY  | State<br>OH                          | Zip Code<br>43119   | Transaction ID: INC.A.47136   |
| FEC ID number of contributing federal political committee.                                | C                                    | 43119   | Amount of Each Receipt this Period  12.50   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR PHA                   | n<br>IRM PRACTICE   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                            | Year-to-Date ▼ 212.50   |   |
| Full Name (Last, First, Middle Initial) MR THOMAS GILSON                                  |                                      |   | Date of Receipt   |
| Mailing Address 2 PELL FARM ROA   | D                                    |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>SADDLE RIVER  | State<br>NJ                          | Zip Code<br>07458   | Transaction ID: INC.A.47442   |
| FEC ID number of contributing federal political committee.                                | C                                    | 07430   | Amount of Each Receipt this Period  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP & G                   | n<br>ENERAL MGR   |   |
| Receipt For:  Primary  General  Other (specify)   | Aggregate                            | Year-to-Date ▼<br>1730.79   |   |
| SUBTOTAL of Receipts This Page (optional  | <u> </u>                             |   | 279.81  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | ()                 | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 182 / 281 (check only one)    X                   |
|---|--------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC | the name and add   | dress of any political committee to                                     | solicit contributions from such committee.                              |
| Full Name (Last, First, Middle Initial)  MR SCOTT GILYARD  Mailing Address 305 BERGAMOT D   | RIVE               |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y          |
| City  MEDINA  FEC ID number of contributing federal political committee.  | State<br>MN        | Zip Code<br>55340   | Transaction ID: INC.A.47086  Amount of Each Receipt this Period  192.30 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | Occupation PRES UP |   |   |
| Full Name (Last, First, Middle Initial)  MR JONAH GITLITZ  Mailing Address 43 OVERLOOK RIE  | DGE                |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y            |
| City OAKLAND FEC ID number of contributing federal political committee.   | State<br>NJ        | Zip Code<br>07436   | Transaction ID: INC.A.47145  Amount of Each Receipt this Period  50.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  |                    | ACCT EXEC  Year-to-Date   450.00  |   |
| Full Name (Last, First, Middle Initial) MR JAMES GORMAN Mailing Address 11 WASHBURN RE  | )                  |   | Date of Receipt   |
| City CANTON  FEC ID number of contributing federal political committee.   | State<br>CT        | Zip Code<br>06022   | Transaction ID: INC.A.47149  Amount of Each Receipt this Period  25.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  |                    | n<br>CLIENT & MKT PROG STRA<br>Year-to-Date ▼<br>225.00                 | AT  |
| SUBTOTAL of Receipts This Page (optional  | l)                 |   | 267.30  |

| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  | Statements may not be sold or used by any person<br>e name and address of any political committee to | on for the purpose of soliciting contributions  |
|---|--|---|
| / MEDGO REALTH SOLUTIONS INC.   | POLITICAL ACTION COMMITTEE (a.k.a  | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR JAMES GRANT, JR Mailing Address 1928 BEVERLY LANI  City BUFFALO GROVE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS | State Zip Code IL 60089  C Occupation VP FINANCIAL INSIGHTS  | Date of Receipt    M   M   26   2008    Transaction ID: INC.A.47206    Amount of Each Receipt this Period   50.00 |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 450.00  |   |
| Full Name (Last, First, Middle Initial) MR EDWARD GRIX Mailing Address 525 ORANGEBURG  City   | State Zip Code   | Date of Receipt    M   M     D   D     Y   Y   Y   Y   Y   Y   Y  |
| PEARL RIVER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  | NY 10965  C Occupation   | Amount of Each Receipt this Period  25.00   |
| Receipt For:  Primary General  Other (specify)  | SR DIR E-COM BUSINESS OPS  Aggregate Year-to-Date ▼  225.00  |   |
| Full Name (Last, First, Middle Initial) MS GINA GRUHN Mailing Address 13 WEATHER VANE   | DRIVE  | Date of Receipt  0 4 2 6 2 0 0 8  |
| City CONVENT STATION  | State Zip Code<br>NJ 07960   | Transaction ID: INC.A.47263  Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation REGIONAL VP SALES-SYSTEMED  |   |
| Receipt For:  Primary  General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 225.00  |   |
| SUBTOTAL of Receipts This Page (optional)   |  | 100.00  |

| SCHEDULE A (FEC Form  | 1 3X)  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:   PAGE 184 / 281   (check only one)  |
|---|--|---|---|
| Any information copied from such Report for commercial purposes, other than | rts and Statements may<br>using the name and add | not be sold or used by any personers of any political committee to      | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTION:                          | S INC. POLITICAL A                               | CTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR RICHARD GUIOR                    |  |   | Date of Receipt   |
| Mailing Address 50 BELLEVUE   | AVE  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>SUMMIT  | State<br>NJ                                      | Zip Code<br>07901   | Transaction ID: INC.A.47102   |
| FEC ID number of contributing federal political committee.                  | C  | 07901   | Amount of Each Receipt this Period  90.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                                  | Occupation GROUP (                               |   |   |
| Receipt For:  Primary General  Other (specify) ▼                            |  | Year-to-Date ▼  |   |
| Full Name (Last, First, Middle Initial) MS KAVITHA GULLAPALLI               |  |   | Date of Receipt   |
| Mailing Address 67 ATHERTON   | N CT   |   | M M / D D / Y Y Y Y O S O S   |
| City<br>WAYNE   | State<br>NJ                                      | Zip Code<br>07470   | Transaction ID: INC.A.47205  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                  | C  | 07470   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                                  | Occupation DIR ISD                               |   |   |
| Receipt For:  Primary General  Other (specify) ▼                            |  | Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial)                                     |  |   | Date of Receipt   |
| Mailing Address 19 KINGS RID  | GE ROAD  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>LONG VALLEY   | State<br>NJ                                      | Zip Code<br>07853   | Transaction ID: INC.A.47338  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                  | C  | 07000   | 192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                                  | Occupation CHIEF IN                              | FO OFFICER  |   |
| Receipt For:  Primary General  Other (specify) ▼                            |  | Year-to-Date ▼<br>1730.79   |   |
| SUBTOTAL of Receipts This Page (o   | otional)   |   | 307.31  |

|          | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 185 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|----------|--|--------------------------------|---|---|
|          | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements ma<br>e name and ad | ly not be sold or used by any pers<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I                                      | POLITICAL .                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Д.<br>А. | Full Name (Last, First, Middle Initial) MR GREGORY HANSEN                                      |                                |   | Date of Receipt   |
|          | Mailing Address 1659 ISABELLA PARI   | <b>KWAY</b>                    |   | 04 26 4 2008  |
|          | City<br>CHASKA   | State<br>MN                    | Zip Code<br>55318   | Transaction ID: INC.A.47446   |
|          | FEC ID number of contributing federal political committee.                                     | C                              | 33010   | Amount of Each Receipt this Period  50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP ACC              | on<br>T SVCS & ADMIN  |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>450.00  |   |
| -<br>В.  | Full Name (Last, First, Middle Initial) MS KELLY HANZAWA                                       |                                |   | Date of Receipt   |
|          | Mailing Address 1116 OAKCROFT LAI  | 04 26 4 2008                   |   |   |
|          | City<br>SOMERSET   | State<br>NJ                    | Zip Code<br>08873   | Transaction ID: INC.A.47411   |
|          | FEC ID number of contributing federal political committee.                                     | C                              | 000/3   | Amount of Each Receipt this Period  25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR ACC             | on<br>CT MGMT OPS   |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>225.00  |   |
| -<br>С.  | Full Name (Last, First, Middle Initial) MR CHRISTOPHER HARLOW                                  |                                |   | Date of Receipt   |
|          | Mailing Address 8 PROSPECT PLACE   |                                |   | 0 4 2 6 2 0 0 8   |
|          | City   | State                          | Zip Code  | Transaction ID: INC.A.47131   |
|          | POMPTON PLAINS  FEC ID number of contributing federal political committee.                     | NJ<br>C                        | 07444   | Amount of Each Receipt this Period  25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR              | on<br>FINANCE   |   |
|          | Receipt For:  Primary  General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>225.00  |   |
|          | SUBTOTAL of Receipts This Page (optional)  |                                |   | 100.00  |
|          | TOTAL This Period (last page this line number  | only)                          |   |   |

|               | DULE A (FEC Form 3X) ZED RECEIPTS   |                             | Use separate schedule(s) for each category of the Detailed Summary Page    | FOR LINE NUMBER: PAGE 186 / 281 (check only one)    X   11a                                 |
|---------------|---|-----------------------------|--|---|
| or for cor    | rmation copied from such Reports and Simmercial purposes, other than using the E OF COMMITTEE (In Full) | tatements ma<br>name and ad | y not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| ) MED         | OCO HEALTH SOLUTIONS INC. P   | POLITICAL                   | ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| . SHAF        | Iame (Last, First, Middle Initial)  |                             |  | Date of Receipt   |
| Mailin<br>——— | ng Address 186 N. WHITE STATIC  | ON RD                       |  | 04 26 2008  |
| City          | ADLIJO  | State                       | Zip Code   | Transaction ID: INC.A.47535   |
| FEC           | MPHIS  ID number of contributing  al political committee.   | C                           | 38117  | Amount of Each Receipt this Period  25.00   |
| Name<br>ACCI  | of Employer<br>REDO HEALTH GROUP  | Occupation DIR HR           | n  |   |
|               | ipt For: Primary General Other (specify) ▼  | Aggregate                   | e Year-to-Date ▼<br>225.00   |   |
|               | lame (Last, First, Middle Initial)<br>ETER HARTY  |                             |  | Date of Receipt   |
| Mailin        | ng Address 19520 YELLOW WING  | COURT                       |  | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$                                      |
| City          |   | State                       | Zip Code   | Transaction ID: INC.A.47084   |
| <u>COL</u>    | ORADO SPRINGS   | CO                          | 80908  | Amount of Each Receipt this Period  |
|               | ID number of contributing al political committee.   | C                           |  | 192.31  |
| Name<br>MED   | e of Employer<br>CO HEALTH SOLUTIONS  | Occupation VP GOV           | n<br>ERNMENT AFFAIRS   |   |
| Recei         | ipt For:  | Aggregate                   | e Year-to-Date 🔻   |   |
|               | Primary General Other (specify) ▼   | 0 0                         | 1730.79  |   |
|               | lame (Last, First, Middle Initial)<br>HAYES   |                             |  | Date of Receipt   |
| Mailin        | ng Address 4679 AYRON TERRAC  | CE                          |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City          | M HARBOR  | State<br>FL                 | Zip Code   | Transaction ID: INC.A.47529   |
| FEC           | ID number of contributing al political committee.   | C                           | 34685  | Amount of Each Receipt this Period  50.00   |
| Name<br>ACCI  | e of Employer<br>REDO HEALTH GROUP  | Occupation VP OPS           | n  |   |
|               | ipt For:<br>Primary General<br>Other (specify) <b>▼</b>   | Aggregate                   | e Year-to-Date ▼<br>450.00   |   |
| OURTO         | TAL of Receipts This Page (optional)  |                             |  | 267.31  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 187 / 281 (check only one)    X  |
|---|--|---|--|
| Any information copied from such Reports and St or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. P  | name and add                             | dress of any political committee to                                     | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR BILL HEAD Mailing Address 501 SLATERS LANE #816 City ALEXANDRIA  | State<br>VA                              | Zip Code<br>22314   | Date of Receipt    M M   |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   |  | n<br>V AFFAIRS<br>e Year-to-Date ▼                                      | 25.00  |
| Full Name (Last, First, Middle Initial) MR MARK HEGGESTAD Mailing Address 13210 N. 11TH AVE.  City PHOENIX  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State AZ  C  Occupatio VP SALE Aggregate |   | Date of Receipt    M   M   |
| Full Name (Last, First, Middle Initial) MR SCOTT HELMUS  Mailing Address 23 VALLEY RD  City SUCCASUNNA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)     |  | Zip Code<br>07876<br>n<br>NT SOLUTIONS<br>e Year-to-Date ▼              | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47141  Amount of Each Receipt this Period  50.00 |
| SUBTOTAL of Receipts This Page (optional)   |  |   | 100.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 188 / 281 (check only one)    X  |
|---|---|--|
| NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any perso e name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | n for the purpose of soliciting contributions solicit contributions from such committee.                   |
| Full Name (Last, First, Middle Initial) MR ERIC HESS Mailing Address 10 CARLTON RD  City FLANDERS FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07836  C  Occupation VP ENGINEERING & OPS Aggregate Year-to-Date  450.00  | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47216  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial) MS JANE HILDEBRANDT Mailing Address 35 CASCADE WAY  City BUTLER FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General           | State Zip Code NJ 07405  C  Occupation DIR E-COM STRAT & DELIV  Aggregate Year-to-Date ▼  | Date of Receipt  M M / 26 / 2008  Transaction ID: INC.A.47234  Amount of Each Receipt this Period  25.00   |
| Other (specify) ▼  Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON  Mailing Address 1 HERITAGE RD  City FLORHAM PARK  FEC ID number of contributing federal political committee.  | State Zip Code NJ 07932  C  | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47310  Amount of Each Receipt this Period  50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  | Occupation REGIONAL VP PHARMACIES  Aggregate Year-to-Date   450.00  | 125.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 189 / 281 (check only one)    X   |
|--|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | Statements may not be sold or used by any personal ename and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a.) | o solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR GLENN HOFFMAN  Mailing Address 974 HILLCREST ROA  City RIDGEWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   | State Zip Code NJ 07450  C  Occupation VP FACILITIES  Aggregate Year-to-Date   450.00  | Date of Receipt  M M M 26 26 2008  Transaction ID: INC.A.47386  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial) MR TIMOTHY HOGAN Mailing Address 9 HIRLE ST  City CORNWALL ON HUDSON FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   | State Zip Code NY 12520  C  Occupation TECHNICAL SPECIALIST Aggregate Year-to-Date  225.00   | Date of Receipt  M M M 26 2008  Transaction ID: INC.A.47229  Amount of Each Receipt this Period  25.00    |
| Full Name (Last, First, Middle Initial) MR ROGER HOLLAND Mailing Address 41 SAINT RAPHAEL  City LAGUNA NIGUEL  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code CA 92677  C  Occupation VP SALES Aggregate Year-to-Date  450.00   | Date of Receipt  M M C 26 2008  Transaction ID: INC.A.47299  Amount of Each Receipt this Period  50.00    |
| SUBTOTAL of Receipts This Page (optional) .  |  | 125.00  |

|   | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 190 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                   |
|---|---|-------------------|---|---|
|   | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. P              | name and ad       | dress of any political committee to   | o solicit contributions from such committee.  |
|   | Full Name (Last, First, Middle Initial) ELIZABETH HOLLOWAY  Mailing Address 9222 RANDLE VALLE  City CORDOVA  FEC ID number of contributing federal political committee. | Y DR State TN     | Zip Code<br>38018   | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47554  Amount of Each Receipt this Period |
|   | Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify) ▼  | _                 | ANT GENERAL COUNSEL e Year-to-Date  225.00                                    |   |
|   | Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK Mailing Address 49 S HILLSIDE AVE  |                   |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|   | City  | State             | Zip Code  | Transaction ID: INC.A.47335   |
|   | ELMSFORD  FEC ID number of contributing federal political committee.  | C                 | 10523   | Amount of Each Receipt this Period  80.00   |
|   | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼   |                   | n<br>RVENTION DELIVERY SYS<br>e Year-to-Date ▼<br>720.00                      | <u>sT</u>   |
| _ | Full Name (Last, First, Middle Initial) MS CYNTHIA HORN Mailing Address 9553 ANDREW DR  |                   |   | Date of Receipt   |
|   |   |                   |   | 04 26 2008  |
|   | City<br>TWINSBURG   | State<br>OH       | Zip Code<br>44087   | Transaction ID: INC.A.47524  Amount of Each Receipt this Period                                     |
|   | FEC ID number of contributing federal political committee.  | C                 |   | 50.00   |
|   | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP CUS |   | 7   |
|   | Receipt For:  Primary General  Other (specify) ▼  | Aggregate         | e Year-to-Date ▼ 450.00   |   |
|   | SUBTOTAL of Receipts This Page (optional)   |                   |   | 155.00  |
|   | TOTAL This Period (last page this line number of  | onlv)             |   |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | for eac   | eparate schedule(s)<br>th category of the<br>ed Summary Page | FOR LINE NUMBER: PAGE 191 / 281 (check only one)    X          |
|---|---|--|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F  | name and address of ar  | ny political committee to                                    | solicit contributions from such committee.                     |
| Full Name (Last, First, Middle Initial)  MR STEVEN HOROWITZ  Mailing Address 30 AVENUE AT PORT APT. 415  City  WEST NEW YORK  FEC ID number of contributing   | State Zip C   |  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | Occupation VP BUSINESS PI Aggregate Year-to-D                       |  | 50.00  |
| Full Name (Last, First, Middle Initial) LYNN HOSTMYER  Mailing Address 6708 N.W. 112TH  City OKLAHOMA CITY  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify) | State Zip COOK 7316  C  Occupation GENERAL MGR  Aggregate Year-to-D | - MULTI BRANCH   | Date of Receipt    M M   |
| Full Name (Last, First, Middle Initial) MR JEFFREY HULL  Mailing Address 2616 S 3B'S & K RD  City GALENA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip COH 4302  C Occupation SR DIR HLTH CA Aggregate Year-to-D | ARE OPS  | Date of Receipt    M M   |
| SUBTOTAL of Receipts This Page (optional)   |   | ·····  | 105.00   |

| SCHEDUL<br>ITEMIZED                        | E A (FEC Form 3X)<br>RECEIPTS   |                             | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 192 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
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| or for commercia                           | copied from such Reports and S<br>al purposes, other than using the<br>DMMITTEE (In Full) | tatements ma<br>name and ad | y not be sold or used by any persodress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| MEDCO HE                                   | EALTH SOLUTIONS INC. F  | POLITICAL                   | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| A. MS JANE HÙI                             |   |                             |   | Date of Receipt   |
| Mailing Addre                              | 95 GORDON RD  |                             |   | 04 26 2008  |
| City<br>ESSEX FE                           | IIS   | State<br>NJ                 | Zip Code<br>07021   | Transaction ID: INC.A.47370  Amount of Each Receipt this Period                             |
|  | per of contributing   | C                           | 07021   | 50.00   |
| Name of Emp<br>MEDCO HEA                   | oloyer<br>ALTH SOLUTIONS  | Occupation VP FINA          |   |   |
| Receipt For: Primary Other (s              | General <b>▼</b>  | Aggregate                   | e Year-to-Date ▼ 450.00   |   |
| MR DAVID ISF                               |   |                             |   | Date of Receipt   |
| Mailing Addre                              | ess 730 COLUMBUS AVE  | NUE                         |   | 04 26 2008  |
| City                                       |   | State                       | Zip Code  | Transaction ID: INC.A.47088   |
| NEW YORI<br>FEC ID numb<br>federal politic | per of contributing   | C                           | 10025   | Amount of Each Receipt this Period  50.00   |
| Name of Emp<br>MEDCO HEA                   | oloyer<br>ALTH SOLUTIONS  | Occupation VP BUSI          | n<br>INESS DEV  |   |
| Receipt For: Primary Other (s              | y General<br>specify) ♥   | Aggregate                   | e Year-to-Date ▼ 450.00   |   |
| Full Name (La                              | ast, First, Middle Initial)   |                             |   | Date of Receipt   |
| Mailing Addre                              | ess 6366 SW 90TH STRE   | ET                          |   | 04 26 2008  |
| City<br>GAINESVII                          | IF  | State<br>FL                 | Zip Code<br>32608   | Transaction ID: INC.A.47098  Amount of Each Receipt this Period                             |
| ·  | per of contributing   | C                           | 0.000   | 50.00   |
| Name of Emp<br>MEDCO HEA                   | oloyer<br>ALTH SOLUTIONS  | Occupation EXEC D           | n<br>IR CLINICAL SVCS   |   |
| Receipt For: Primary Other (s              | General <b>▼</b>  | Aggregate                   | e Year-to-Date ▼<br>450.00  |   |
| SUBTOTAL of                                | Receipts This Page (optional)   |                             |   | 150.00  |
|  | eriod (last page this line number   |                             |   |   |

|                    | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                                 | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 193 / 281 (check only one)    X   |
|--------------------|--|---------------------------------|---|---|
| A                  | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F   | e name and add                  | dress of any political committee to   | o solicit contributions from such committee.  |
| <b>A</b> .         | Full Name (Last, First, Middle Initial) MS MARIANNE JACKS Mailing Address 329 MORRIS AVENUE  City MOUNTAIN LAKES  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:            | State NJ  C  Occupation SR NATL | Zip Code 07046  n _ ACCT EXEC   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 2 6 2 0 0 8  Transaction ID: INC.A.47124  Amount of Each Receipt this Period  50.00 |
| <br>3.             | Primary General Other (specify)  Full Name (Last, First, Middle Initial) MR WILLIAM JACKSON Mailing Address 56 WARREN RD  City WEST ORANGE FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS | State NJ C                      | Zip Code<br>07052   | Date of Receipt  M M M / 26   |
| _<br><b>&gt;</b> . | Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) MR JASON JAMES Mailing Address RR 2 BOX 2036 City CANADENSIS   | Aggregate State PA              | Year-to-Date ▼ 450.00  Zip Code 18325   | Date of Receipt  0 4 26 2008  Transaction ID: INC.A.47092  Amount of Each Receipt this Period                                     |
|                    | FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)   | + +                             | n<br>'SICIAN ENGAGEMENT<br>e Year-to-Date ▼<br>270.00                         | 30.00   |
| (                  | SUBTOTAL of Receipts This Page (optional)  |                                 |   | 130.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | ()                              | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 194 / 281 (check only one)  X 11a 11b 11c 12                           |
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| Any information copied from such Reports an or for commercial purposes, other than using | d Statements mathe name and add | y not be sold or used by any pers<br>dress of any political committee to | non for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                  | ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial)<br>MR TODD JEFFREY                               |                                 |  | Date of Receipt  |
| Mailing Address 15 ELIZABETH STF   |                                 | 7: 0.1.  | 04 26 2008   |
| City   | State                           | Zip Code   | Transaction ID: INC.A.47434  |
| DUMONT   | NJ                              | 07628  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                               | C                               |  | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP PHAI            | <sup>n</sup><br>RM CONTRACT & CONSUL                                     | TING   |
| Receipt For:   | Aggregate                       | e Year-to-Date ▼   |  |
| Primary General  Other (specify) ▼   | 0 0                             | 450.00   |  |
| Full Name (Last, First, Middle Initial) ROBERT JINKS                                     | <b> </b>                        |  | Date of Receipt  |
| Mailing Address 22 PAGE AVE  |                                 |  | 04 26 2008   |
| City   | State                           | Zip Code   | Transaction ID: INC.A.47133  |
| LYNDHURST  | NJ                              | 07071  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                               | C                               |  | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP BUSI            | n<br>NESS REQUIREMENTS   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                       | e Year-to-Date ▼<br>450.00   |  |
| Full Name (Last, First, Middle Initial) MR WILLIAM JOEL                                  | <b>1</b>                        |  | Date of Receipt  |
| Mailing Address 32 VENTOSA DR  |                                 |  | 04 26 4 2008   |
| City   | State                           | Zip Code   | Transaction ID: INC.A.47264  |
| MORRISTOWN   | NJ                              | 07960  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                               | C                               |  | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio DIR ANA               | n<br>LLYTICAL SVCS   |  |
| Receipt For:   | Aggregate                       | e Year-to-Date ▼   |  |
| Primary General Other (specify) ▼  |                                 | 225.00   | ]  |
| SUBTOTAL of Receipts This Page (optional   | l)                              |  | 125.00   |

|                 | DULE A (FEC Form 3X) ZED RECEIPTS  |                            | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 195 / 281 (check only one)    X   |
|-----------------|--|----------------------------|---|---|
| or for con      | mation copied from such Reports and Stanmercial purposes, other than using the response (In Full)  CO HEALTH SOLUTIONS INC. Po | name and add               | dress of any political committee to                                     | on for the purpose of soliciting contributions o solicit contributions from such committee.  a. Medco Health PAC) |
| A. MR RI        | ame (Last, First, Middle Initial) CHARD JONES g Address 12 WADE HAMPTON T  | FRAIL State                | Zip Code  | Date of Receipt    M  |
| FEC I           | DERSON  D number of contributing I political committee.  | C                          | 89052   | Amount of Each Receipt this Period 25.00  |
| Recei           | of Employer CO HEALTH SOLUTIONS  ot For:  Primary General  Other (specify)   | Occupation VP/GM Aggregate | e Year-to-Date ▼ 425.00   |   |
| <b>B.</b> MS KA | ame (Last, First, Middle Initial) NTHRYN JONSRUD g Address 16357 VICTORIA CUR  | VE SE                      |   | Date of Receipt  0 4 2 6 2 0 0 8  |
| FEC I           | DR LAKE  D number of contributing  I political committee.  | State<br>MN                | Zip Code<br>55372   | Transaction ID: INC.A.47259  Amount of Each Receipt this Period  35.00  |
| Recei           | of Employer CO HEALTH SOLUTIONS  ot For:  Primary General  Other (specify)   |                            | n<br>ENT & MKT PROG STRAT<br>e Year-to-Date ▼                           |   |
| Full N<br>MR JC | ame (Last, First, Middle Initial) DHN KAPIOSKI g Address 8202 MARSH GLEN CT  | Γ                          |   | Date of Receipt  0 4 2 6 2 0 0 8  |
|                 | PA  D number of contributing I political committee.  | State<br>FL                | Zip Code<br>33647   | Transaction ID: INC.A.47364  Amount of Each Receipt this Period  50.00  |
| Recei           | of Employer CO HEALTH SOLUTIONS  ot For: Primary   | -                          | n<br>PHARMACY COMPLIANCE<br>e Year-to-Date ▼<br>450.00                  |   |
| SUBTO           | TAL of Receipts This Page (optional)   |                            | ······  | 110.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 196 / 281 (check only one)    X                                     |
|--|---|---|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements may<br>name and add                | y not be sold or used by any persodress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL A                                  | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MS BECKY KAUS  |   |   | Date of Receipt   |
| Mailing Address N81 W18359 TOURS [   | DR  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                                       | Zip Code  | Transaction ID: INC.A.47245   |
| MENOMONEE FALLS  | WI  | 53051   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR (                         | n<br>CLINICAL SVCS  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                                   | e Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial) MR WILLIAM KEELER  |   |   | Date of Receipt   |
| Mailing Address 63 MOUNTAIN GLEN F   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |
| City   | State                                       | Zip Code  | Transaction ID: INC.A.47453   |
| RINGWOOD   | NJ  | 07456   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation TECHNIC                          | n<br>CAL SPECIALIST   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                                   | e Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial) MS DEEPTI KEHOE  |   |   | Date of Receipt   |
| Mailing Address 995 PINES TERR   |   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                                       | Zip Code  | Transaction ID: INC.A.47168   |
| FRANKLIN LAKES   | NJ  | 07417   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation EXEC DI                          | n<br>R ANALYTICAL SVCS  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                                   | e Year-to-Date ▼<br>450.00  |   |
| SUBTOTAL of Receipts This Page (optional)  |   | <b>)</b>  | 100.00  |

| Any information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. PO  Full Name (Last, First, Middle Initial)  MR WILLIAM KELLEY, III  Mailing Address 1970 WOODLANDS PL  City  POWELL  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General | me and address of any political committee to s                             | solicit contributions from such committee.  |
|--|--|---|
| MR WILLIAM KELLEY, III  Mailing Address 1970 WOODLANDS PL  City POWELL  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  | OH 43065  C  Occupation GENERAL MGR GROUP  Aggregate Year-to-Date   225.00 | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For:   | GENERAL MGR GROUP  Aggregate Year-to-Date ▼  225.00                        |   |
| Other (specify) ▼  |  |   |
| Full Name (Last, First, Middle Initial) MR KEVIN KELLY Mailing Address 251 POPLAR AVE  |  | Date of Receipt    M M                      |
| City   | State Zip Code   | Transaction ID: INC.A.47123                 |
| HACKENSACK FEC ID number of contributing federal political committee.  | NJ 07601   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR CLIENT SVC DELIVERY                                      |   |
| Receipt For:  Primary  General  Other (specify) ▼  | Aggregate Year-to-Date ▼  225.00   |   |
| Full Name (Last, First, Middle Initial) MR PETER KENNY   |  | Date of Receipt                             |
| Mailing Address 6040 BOULEVARD E AP  | T 28G  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City   | State Zip Code   | Transaction ID: INC.A.47412                 |
| WEST NEW YORK  FEC ID number of contributing federal political committee.  | NJ 07093   | Amount of Each Receipt this Period 25.00    |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR ACCT MGMT   |   |
| Receipt For:  Primary  General  Other (specify) ▼  | Aggregate Year-to-Date ▼  225.00   |   |
| SUBTOTAL of Receipts This Page (optional)  | <b>&gt;</b>  | 75.00                                       |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  | , , , , , , , , , , , , , , , , , , , | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 198 / 281   (check only one)                                       |
|---|---------------------------------------|---|--|
| Any information copied from such Reports or for commercial purposes, other than using | and Statements may                    | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS II                                 | NC. POLITICAL A                       | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MS LISA KETNER                                |                                       |   | Date of Receipt  |
| Mailing Address 7 POINT VIEW  |                                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  | State                                 | Zip Code  | Transaction ID: INC.A.47292  |
| OAKLAND   | NJ                                    | 07436   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                            | C                                     |   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP MEM                     | n<br>BER STRATEGY   |  |
| Receipt For:  Primary General  Other (specify) ▼                                      | Aggregate                             | e Year-to-Date ▼<br>450.00  |  |
| Full Name (Last, First, Middle Initial) MS INNA KHANIN                                | L                                     |   | Date of Receipt  |
| Mailing Address 3403 SPRINGBR   | 04 26 2008                            |   |  |
| City<br>EDISON  | State<br>NJ                           | Zip Code<br>08820   | Transaction ID: INC.A.47473  |
| FEC ID number of contributing federal political committee.                            | C                                     | 00020   | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation TECHNIC                    | n<br>CAL SPECIALIST   |  |
| Receipt For:  | Aggregate                             | e Year-to-Date ▼  |  |
| Primary ☐ General Other (specify) ▼   | 0 0                                   | 225.00  |  |
| Full Name (Last, First, Middle Initial) MS KARIN KLEINEGGER                           |                                       |   | Date of Receipt  |
| Mailing Address 121 CONKLING  | 04 26 2008                            |   |  |
| City  | State                                 | Zip Code  | Transaction ID: INC.A.47424  |
| CHESTER   | NY                                    | 10918   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                            | C                                     |   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR HLT                    |   |  |
| Receipt For: Primary General  | Aggregate                             | e Year-to-Date ▼  | ,  |
| Other (specify)   | 0 0                                   | 450.00  | ]  |
|   | nal)                                  |   | 125.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 199 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16            |
|--|---|---|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) |   |   | on for the purpose of soliciting contributions solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL A                                  | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial)<br>KENNETH KLEPPER   |   |   | Date of Receipt   |
| Mailing Address 295 GLEN PLACE   |   |   | 0 4 2 6 2 0 0 8   |
| City   | State                                       | Zip Code  | Transaction ID: INC.A.47459   |
| FRANKLIN LAKES   | NJ  | 07417   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   |   | 192.30  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio PRES &                            | n<br>CHIEF OPERATING OFFIC  | ─ <del> </del><br>ErR   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                                   | e Year-to-Date ▼<br>1730.70   |   |
| Full Name (Last, First, Middle Initial) RICHARD KLUSOVSKY  |   |   | Date of Receipt   |
| Mailing Address 1016 FAIRWOOD LAN  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |
| City   | State                                       | Zip Code  | Transaction ID: INC.A.47548   |
| ACWORTH  | GA  | 30101   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   |   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupatio<br>AVP MAI                        | n<br>NAGED CARE   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                                   | e Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial) MR BRADFORD KOGEN  |   |   | Date of Receipt   |
| Mailing Address 555 FORBUSH STREE  | :T  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                                       | Zip Code  | Transaction ID: INC.A.47416   |
| BOONTON  | NJ  | 07005   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С   |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR (                       | n<br>CLIENT RETAIL  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                                   | Year-to-Date ▼<br>225.00  |   |
| SUBTOTAL of Receipts This Page (optional)  |   |   | 242.30  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and 3               | Statements may r                                  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 200 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions |
|--|---|---|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and addr                                   | ess of any political committee to                                       | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial)  MS KATHLEEN KORDUCKI  Mailing Address 920 CLARK STREET          |   |   | Date of Receipt   |
| City<br>BOWLING GREEN  | State<br>OH                                       | Zip Code<br>43402   | Transaction ID: INC.A.47146  Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C   | 40402   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS<br>Receipt For:   |   | ACCT EXEC //ear-to-Date ▼   |   |
| Primary General Other (specify) ▼  | Aggregate   | 450.00  |   |
| Full Name (Last, First, Middle Initial)  MS JOANN KRENITSKY  Mailing Address 143 DEERFIELD TEF           | RRACE   |   | Date of Receipt   |
| City<br>MAHWAH   | State<br>NJ                                       | Zip Code<br>07430   | Transaction ID: INC.A.47176  Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C   |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation EXEC DIR                               | PRODUCT   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate \                                       | /ear-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial)  MR ALEXANDER KRYNICKI   |   |   | Date of Receipt   |
| Mailing Address 60 BEECH ROAD  |   |   | 04 26 7 2008  |
| City<br>RANDOLPH   | State<br>NJ                                       | Zip Code<br>07869   | Transaction ID: INC.A.47107  Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C   |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | <del>-                                     </del> | ECHNOLOGY   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate \                                       | /ear-to-Date ▼<br>225.00  |   |
| SUBTOTAL of Receipts This Page (optional) .  |   |   | 100.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | <b>A)</b>                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 201 / 281   (check only one)                                      |
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| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                       | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MS BARBARA KRZAK                                 |                                      |   | Date of Receipt   |
| Mailing Address 495 ISLAND WAY   |                                      |   | 0 4 2 6 2 0 0 8   |
| City   | State                                | Zip Code  | Transaction ID: INC.A.47343   |
| FRANKLIN LAKES  FEC ID number of contributing federal political committee.               | NJ<br>C                              | 07417   | Amount of Each Receipt this Period  55.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP E-CC                   | n<br>NM STRATEGY & DELIVER)   |   |
| Receipt For:  Primary General  Other (specify) ▼   |                                      | e Year-to-Date ▼ 495.00   |   |
| Full Name (Last, First, Middle Initial) MR MICHAEL KRZAN                                 |                                      |   | Date of Receipt   |
| Mailing Address 2735 YORK RD   |                                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>COLUMBUS   | State<br>OH                          | Zip Code  | Transaction ID: INC.A.47398   |
| FEC ID number of contributing federal political committee.                               | C                                    | 43221   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation                           | n<br>AL VP PHARMACIES   |   |
| Receipt For:  Primary General  Other (specify) ▼   | - + ·                                | e Year-to-Date ▼<br>450.00  |   |
| Full Name (Last, First, Middle Initial) MR MANOJ KUMAR                                   |                                      |   | Date of Receipt   |
| Mailing Address 7 SUNRISE WAY  |                                      |   | M M / D D / Y Y Y Y Y O S   |
| City<br>TOWACO   | State<br>NJ                          | Zip Code<br>07082   | Transaction ID: INC.A.47333   |
| FEC ID number of contributing federal political committee.                               | C                                    | 07062   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR CLIE                  | n<br>ENT REQUIREMENTS   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                            | e Year-to-Date ▼<br>225.00  |   |
| SUBTOTAL of Receipts This Page (optiona  | l)                                   | <b>__</b>   | 130.00  |

| ITEMIZED RECEIPTS   | <b>X</b> )  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:   PAGE 202 / 281   (check only one)                                      |
|---|---|---|---|
| Any information copied from such Reports are or for commercial purposes, other than using | nd Statements may<br>g the name and add             | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                     | C. POLITICAL A                                      | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MATTHEW KUPFERBERG                                |   |   | Date of Receipt   |
| Mailing Address 3235 CAMBRIDGE  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y         |   |   |
| City<br>BRONX   | State<br>NY   | Zip Code<br>10463   | Transaction ID: INC.A.47514  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                                | C   | 10100   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR ATTO                                  |   |   |
| Receipt For:  Primary  General  Other (specify) ▼   |   | Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial) JAMES LANGLEY                                     |   |   | Date of Receipt   |
| Mailing Address 10921 MAIN RANG   | M M / D D / Y Y Y Y Y O S O S O S O S O S O S O S O |   |   |
| City<br>LITTLETON   | State<br>CO   | Zip Code<br>80127   | Transaction ID: INC.A.47549  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                                | C   | 00127   | 50.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation VP RFIM                                  | BURSEMENT   |   |
| Receipt For:  Primary General  Other (specify) ▼  |   | Year-to-Date ▼ 450.00   |   |
| Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER                              |   |   | Date of Receipt   |
| Mailing Address 7017 COBALT WA  | Y   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>CITRUS HEIGHTS  | State<br>CA   | Zip Code<br>95621   | Transaction ID: INC.A.47294   |
| FEC ID number of contributing federal political committee.                                | C   | 93021   | Amount of Each Receipt this Period  125.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR (                                 | OVERNMENT AFFAIRS   |   |
| Receipt For:  Primary General  Other (specify) ▼  |   | Year-to-Date ▼<br>1125.00   |   |
| SUBTOTAL of Receipts This Page (options   |   |   | 200.00  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS                    | )<br>                                       | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:   PAGE 203 / 281   (check only one)  |
|---|---|---|---|
| or for commercial purposes, other than using                | and Statements may<br>ng the name and add   | not be sold or used by any persidress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS II       | NC. POLITICAL A                             | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial)<br>JOSEPH LENZ      |   |   | Date of Receipt   |
| Mailing Address 6 SHERMAN AVE                               |   |   | 0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State                                       | Zip Code  | Transaction ID: INC.A.47490   |
| WALDWICK  | NJ  | 07463   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                  | Occupation VP PERF                          | n<br>FORMANCE STRATEGY  |   |
| Receipt For:  Primary General  Other (specify) ▼            | Aggregate                                   | Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial) PATRICIA LETCHWORTH |   |   | Date of Receipt   |
| Mailing Address 3133 HEATHSTC                               | 04 26 7 2008                                |   |   |
| City  | State                                       | Zip Code  | Transaction ID: INC.A.47551   |
| GERMANTOWN  | TN  | 38138   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   |   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP                    | Occupation DIR REIM                         | n<br>MBURSEMENT   |   |
| Receipt For:  Primary General  Other (specify) ▼            | Aggregate                                   | Year-to-Date ▼ 225.00   |   |
| Full Name (Last, First, Middle Initial) MR ROBERT LONG      |   |   | Date of Receipt   |
| Mailing Address 18 HARLIND TEF                              | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |
| City<br>RAMSEY  | State<br>NJ                                 | Zip Code  | Transaction ID: INC.A.47285   |
| FEC ID number of contributing federal political committee.  | C   | 07446   | Amount of Each Receipt this Period 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                  | Occupation<br>SR NATL                       | n<br>- ACCT EXEC  | 7   |
| Receipt For:  | Aggregate                                   | Year-to-Date <b>V</b>   |   |
| Primary General Other (specify) ▼                           | 0 0   | 450.00  |   |
| SUBTOTAL of Receipts This Page (optio                       |   |   | 100.00  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 204 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|---|--|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)                  | and Statements may not be sold or used by any persong the name and address of any political committee to NC. POLITICAL ACTION COMMITTEE (a.k.a.) | o solicit contributions from such committee.                                   |
| Full Name (Last, First, Middle Initial) MR ROSS LUCE Mailing Address 1066 WEST GRC        | State Zip Code   | Date of Receipt  0 4 2 6 2 0 0 8  Transaction ID: INC.A.47189                  |
| GIBSONIA FEC ID number of contributing federal political committee.                       | PA 15044   | Amount of Each Receipt this Period  30.00                                      |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼ | Occupation VP/GM  Aggregate Year-to-Date  285.00   |  |
| Full Name (Last, First, Middle Initial) MS DEBRA LUDGATE  Mailing Address 238 WOODLAND    | AVE  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| City  | State Zip Code   | Transaction ID: INC.A.47233  |
| SUMMIT  FEC ID number of contributing federal political committee.                        | NJ 07901   | Amount of Each Receipt this Period  25.00                                      |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR MARKETING  |  |
| Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date ▼  225.00   |  |
| Full Name (Last, First, Middle Initial) MS VERONA MACMAHON Mailing Address 1504 WEST CUL  | OM AVE   | Date of Receipt  |
| UNIT G  | State Zip Code   | 04 26 2008   |
| <u>CHICAGO</u>  | IL 60613   | Transaction ID: INC.A.47436  Amount of Each Receipt this Period                |
| FEC ID number of contributing federal political committee.                                | C  | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR ACCT MGMT  |  |
| Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date ▼  225.00   |  |
| SUBTOTAL of Receipts This Page (ontion  | nal)   | 80.00  |

|    | FEMIZED RECEIPTS   |                                | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 205 / 281 (check only one)    X                                       |
|----|--|--------------------------------|---|---|
| 0  | any information copied from such Reports and such reports | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | POLITICAL                      | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| ۸. | Full Name (Last, First, Middle Initial) MR KENNETH MALLEY  | ED DOAD                        |   | Date of Receipt   |
|    | Mailing Address 764 W. SADDLE RIV  | ER ROAD                        |   | 04 26 2008  |
|    | City   | State                          | Zip Code  | Transaction ID: INC.A.47218   |
|    | HO HO KUS  | NJ                             | 07423   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C                              |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP PRO              | n<br>DUCT & CHANNEL MKTING  |   |
|    |  |                                | e Year-to-Date ▼  |   |
|    | Primary General Other (specify) ▼  |                                | 450.00  |   |
|    | Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO   |                                |   | Date of Receipt   |
|    | Mailing Address 33 HICKORY TAVER   | N RD                           |   | 04 26 2008  |
|    | City   | State                          | Zip Code  | Transaction ID: INC.A.47100   |
|    | GILLETTE   | NJ                             | 07933   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | С                              |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP FINA           | NCE   |   |
|    | Receipt For:   | Aggregate                      | e Year-to-Date ▼  |   |
|    | Primary General Other (specify) ▼  |                                | 450.00  |   |
|    | Full Name (Last, First, Middle Initial)<br>MR JOSEPH MARINELLI   | Date of Receipt                |   |   |
|    | Mailing Address 351 SOUND BEACH AVENUE   |                                |   | 04 26 2008  |
|    | City   | State                          | Zip Code  | Transaction ID: INC.A.47173   |
|    | OLD GREENWICH  | CT                             | 06870   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | С                              |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | - '                            | DICARE OPS  |   |
|    | Receipt For:   | Aggregate                      | e Year-to-Date ▼  |   |
|    | Primary General Other (specify) ▼  |                                | 225.00  |   |
|    | SUBTOTAL of Receipts This Page (optional) .  |                                |   | 125.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 206 / 281 (check only one)    X   11a   |
|---|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. I  | Statements may not be sold or used by any persename and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | to solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) LORI MARINO Mailing Address 31 UNDERWOOD DR  City WEST ORANGE FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)               | State Zip Code NJ 07052  C  Occupation ASST GENERAL COUNSEL  Aggregate Year-to-Date  450.00                                    | Date of Receipt    M   M   26   2008   Transaction ID: INC.A.47518   Amount of Each Receipt this Period   50.00                 |
| Full Name (Last, First, Middle Initial) MS TAMARA MARSHALL Mailing Address W144 N7150 TERRAC  City MENOMONEE FALLS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) |  | Date of Receipt  M M / D D / Y Y Y Y Y  O 4 2 6 2 0 0 8  Transaction ID: INC.A.47241  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial) SHELLY MARTIN  Mailing Address 9536 DOE MEADOW  City GERMANTOWN  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)              | DR  State Zip Code TN 38139  C  Occupation DIR HR  Aggregate Year-to-Date ▼  225.00  | Date of Receipt  M M M D D D 26 2008  Transaction ID: INC.A.47555  Amount of Each Receipt this Period  25.00                    |
| SUBTOTAL of Receipts This Page (optional)   |  | 125.00  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 207 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 11 |
|---|--|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)                | and Statements may not be sold or used by any persong the name and address of any political committee to | o solicit contributions from such committee.                                       |
| Full Name (Last, First, Middle Initial) THOMAS MARTIN  Mailing Address 1882 E LAUREL H  | HOLLOW   | Date of Receipt  O 4 2 6 2 0 0 8   |
| City  GERMANTOWN  | State Zip Code<br>TN 38139   | Transaction ID: INC.A.47552  Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.                              | Occupation   | 50.00  |
| Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General  Other (specify) ▼ | VP CORP STRAT BUS DEV  Aggregate Year-to-Date ▼  450.00  |  |
| Full Name (Last, First, Middle Initial) MR TODD MARTIN Mailing Address 11825 SHEPPARI   | DS CROSSING  | Date of Receipt  0 4 2 6 2 0 0 8   |
| City  | State Zip Code   | Transaction ID: INC.A.47200  |
| CLARKSVILLE   | MD 21029   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                              | C  | 192.30   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:                                   | Occupation SVP & GENERAL MGR   |  |
| Primary General Other (specify) ▼   | Aggregate Year-to-Date ▼ 1730.70   |  |
| Full Name (Last, First, Middle Initial) MR EDWARD MARTINEZ                              |  | Date of Receipt  |
| Mailing Address 35 SALTER PLAC  | ;E   | 04 26 2008   |
| City<br>MAPLEWOOD   | State Zip Code NJ 07040  | Transaction ID: INC.A.47477  |
| FEC ID number of contributing federal political committee.                              | C  | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR PRODUCT MGMT   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  225.00   |  |
|   | ·  | 267.30   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>(</b> )          | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 208 / 281 (check only one)    X                  |
|--|---------------------|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | the name and add    | dress of any political committee to                                     | o solicit contributions from such committee.                           |
| Full Name (Last, First, Middle Initial) MR ROBERT MATCHETT Mailing Address 27 LAKEVILLE RD   |                     |   | Date of Receipt  0 4 2 6 2 0 0 8                                       |
| City SUSSEX FEC ID number of contributing  | State<br>NJ         | Zip Code<br>07461   | Transaction ID: INC.A.47156  Amount of Each Receipt this Period  25.00 |
| Receipt For:  Primary  Other (specify) ▼   | Occupation DIR TEC  | HNOLOGY Year-to-Date ▼ 225.00   |  |
| Full Name (Last, First, Middle Initial) MR JEFFREY MAY Mailing Address 137 WASHINGTON  | N AVE               |   | Date of Receipt  0 4 2 6 2 0 0 8                                       |
| City HILLSDALE   | State<br>NJ         | Zip Code<br>07642   | Transaction ID: INC.A.47389  Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.   | C                   |   | 192.30   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | <del></del>         | JG DISTRIB & CONTROL  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | Year-to-Date ▼ 1730.70  |  |
| Full Name (Last, First, Middle Initial) MS PATRICIA MAZZONE  |                     |   | Date of Receipt  |
| Mailing Address 56 PENOBSCOT S   | iΤ                  |   | 04 26 2008   |
| City<br>CLIFTON  | State<br>NJ         | Zip Code<br>07013   | Transaction ID: INC.A.47291  |
| FEC ID number of contributing federal political committee.   | C                   | 07013   | Amount of Each Receipt this Period  25.00                              |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR F | PRODUCT SVCS  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | Year-to-Date ▼ 225.00   |  |
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| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 209 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                          |
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| or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any personal statements may not be sold or used by any personal the name and address of any political committee to a POLITICAL ACTION COMMITTEE (a.k.a.) | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial)  MR SHAMUS MC GUIRE  Mailing Address 11 JARDINE COUR  City  MORRIS PLAINS  FEC ID number of contributing federal political committee.  Name of Employer  ACCREDO HEALTH GROUP  Receipt For:  Primary  General  Other (specify) | T  State Zip Code NJ 07950  C  Occupation VP SALES AND MARKETING  Aggregate Year-to-Date ▼  450.00   | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47222  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial) MR DOUG MCCANN  Mailing Address 10201 E. 92ND STF  City OWASSO  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)              | State Zip Code OK 74055  C  Occupation DIR PRODUCT DEVELOPMENT Aggregate Year-to-Date  225.00  | Date of Receipt  M M A 26 2008  Transaction ID: INC.A.47507  Amount of Each Receipt this Period  25.00     |
| Full Name (Last, First, Middle Initial) THOMAS MCCANN  Mailing Address 9600 DOVE SPRING  City GERMANTOWN  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)              | State Zip Code TN 38139  C  Occupation VP SALES  Aggregate Year-to-Date  450.00  | Date of Receipt  M M / 26 / 2008  Transaction ID: INC.A.47557  Amount of Each Receipt this Period  50.00   |
| SUBTOTAL of Receipts This Page (optional)  | )  | 125.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 210 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 11                         |
|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | Statements may not be sold or used by any pere name and address of any political committee  POLITICAL ACTION COMMITTEE (a.k | to solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR THOMAS MCDONALD  Mailing Address 0-45 27TH ST  City FAIR LAWN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)         | State Zip Code NJ 07410  C  Occupation DIR TECHNOLOGY  Aggregate Year-to-Date  225.00                                       | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH  Mailing Address 87 ROSELAWN RD  City HIGHLAND MILLS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NY 10930  C  Occupation ASST GENERAL COUNSEL  Aggregate Year-to-Date   1728.00                               | Date of Receipt  M M C 26 2008  Transaction ID: INC.A.47293  Amount of Each Receipt this Period  192.00   |
| Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA  Mailing Address 112 GREEN TERRAC  City WEST MILFORD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | State Zip Code NJ 07480  C  Occupation SVP BUSINESS OPS  Aggregate Year-to-Date   1730.79                                   | Date of Receipt  M M M / 26 2008  Transaction ID: INC.A.47431  Amount of Each Receipt this Period  192.31 |
| SUBTOTAL of Receipts This Page (optional) .   |   | 409.31  |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page     | FOR LINE NUMBER: PAGE 211 / 281 (check only one)    X   11a                                 |
|----|---|--------------------------------|---|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | ly not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL .                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial) MS BARBARA MENZEL   |                                |   | Date of Receipt   |
|    | Mailing Address 921 AMARYLLIS AVE   |                                | 7. 0 .  | 04 26 2008  |
|    | City<br>ORADELL   | State<br>NJ                    | Zip Code<br>07649   | Transaction ID: INC.A.47139  Amount of Each Receipt this Period                             |
|    | FEC ID number of contributing federal political committee.  | С                              |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR BUS             | on<br>SINESS PLANNING & ADMII   | N   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>225.00  |   |
| В. | Full Name (Last, First, Middle Initial) DANETTE MEREDITH Mailing Address 600 W 2ND AVE                                      |                                |   | Date of Receipt   |
|    |   |                                |   | 04 26 2008  |
|    | City<br>DERRY   | State<br>PA                    | Zip Code<br>15627   | Transaction ID: INC.A.47527  Amount of Each Receipt this Period                             |
|    | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation GENER/              | on<br>AL MGR - MULTI BRANCH   |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>225.00  |   |
| С. | Full Name (Last, First, Middle Initial) DAVID MILLER  |                                |   | Date of Receipt   |
|    | Mailing Address 7 CLOVER LANE   |                                |   | M M / D D / Y Y Y Y Y Y Y Y Z D O 8   |
|    | City<br>RANDOLPH  | State<br>NJ                    | Zip Code  | Transaction ID: INC.A.47105   |
|    | FEC ID number of contributing federal political committee.  | C                              | 07869   | Amount of Each Receipt this Period  50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP LAB              | on<br>OR RELATIONS  |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>450.00  |   |
|    | SUBTOTAL of Receipts This Page (optional) .   |                                |   | 100.00  |
|    | TOTAL This Period (last page this line number   | r only)                        | ······································                                      |   |

| n copied from such Reports and cial purposes, other than using the COMMITTEE (In Full) HEALTH SOLUTIONS INC.  (Last, First, Middle Initial) N MILLER  dress 34 MACKENZIE LANI  E  mber of contributing tical committee.  mployer EALTH SOLUTIONS  r: ary General r (specify)  (Last, First, Middle Initial) NNI MINARDI dress 12 LINCOLN ROAD  ON  mber of contributing tical committee. | E NORTH  State NJ  C  Occupation EXEC DI  | ACTION COMMITTEE (a.k.  Zip Code 07834   | Date of Receipt    M   M   26   2008   Transaction ID: INC.A.47099   Amount of Each Receipt this Period   30.00  |
|--|---|--|--|
| (Last, First, Middle Initial)  N MILLER  dress 34 MACKENZIE LANI  E  mber of contributing tical committee.  mployer EALTH SOLUTIONS  r: ary General r (specify)  (Last, First, Middle Initial) NNI MINARDI dress 12 LINCOLN ROAD  ON  mber of contributing   | E NORTH  State NJ  C  Occupation EXEC DI Aggregate  State NJ  | Zip Code 07834  n R INTERNAL AUDIT 270.00  Zip Code  | Date of Receipt    M   M   26   2008   Transaction ID: INC.A.47099   Amount of Each Receipt this Period   30.00  |
| MILLER  dress 34 MACKENZIE LANI  E  mber of contributing tical committee.  mployer EALTH SOLUTIONS  r: ary General r (specify)  (Last, First, Middle Initial) NNI MINARDI dress 12 LINCOLN ROAD  ON  mber of contributing  | State NJ  C  Occupation EXEC DI Aggregate  State NJ   | n R INTERNAL AUDIT  Year-to-Date ▼  270.00  Zip Code   | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47099  Amount of Each Receipt this Period  30.00  Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47444  Amount of Each Receipt this Period  |
| E  mber of contributing tical committee.  mployer EALTH SOLUTIONS  r: ary General r (specify) ▼  (Last, First, Middle Initial) NNI MINARDI dress 12 LINCOLN ROAD  DN  mber of contributing   | State NJ  C  Occupation EXEC DI Aggregate  State NJ   | n R INTERNAL AUDIT  Year-to-Date ▼  270.00  Zip Code   | Date of Receipt  M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| mber of contributing tical committee.  mployer EALTH SOLUTIONS  r: ary General (specify) (Last, First, Middle Initial) (NNI MINARD)  dress 12 LINCOLN ROAD  ON  mber of contributing   | Occupation EXEC DI Aggregate  State NJ  | n R INTERNAL AUDIT  Year-to-Date ▼  270.00  Zip Code   | Date of Receipt  Date of Receipt  Amount of Each Receipt this Period  70 4 7 2 6 7 2 0 0 8  Transaction ID: INC.A.47444  Amount of Each Receipt this Period  |
| mber of contributing tical committee.  mployer EALTH SOLUTIONS  r: ary General (specify) (Last, First, Middle Initial) (NNI MINARD)  dress 12 LINCOLN ROAD  ON  mber of contributing   | Occupation EXEC DI Aggregate  State NJ  | n<br>R INTERNAL AUDIT<br>Year-to-Date ▼<br>270.00  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| mployer EALTH SOLUTIONS  r: ary General r (specify)  (Last, First, Middle Initial) NNI MINARDI dress 12 LINCOLN ROAD  DN mber of contributing  | Occupation EXEC DI Aggregate  State NJ  | R INTERNAL AUDIT  e Year-to-Date  270.00  Zip Code   | Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| r: ary General r (specify)  (Last, First, Middle Initial) NNI MINARDI dress 12 LINCOLN ROAD  ON mber of contributing   | EXEC DI Aggregate State NJ  | R INTERNAL AUDIT  e Year-to-Date  270.00  Zip Code   | Transaction ID: INC.A.47444  Amount of Each Receipt this Period  |
| General r (specify)  (Last, First, Middle Initial) NNI MINARDI dress 12 LINCOLN ROAD  ON mber of contributing  | State<br>NJ   | 270.00<br>Zip Code   | Transaction ID: INC.A.47444  Amount of Each Receipt this Period  |
| dress 12 LINCOLN ROAD  DN  mber of contributing  | NJ  | •  | Transaction ID: INC.A.47444  Amount of Each Receipt this Period  |
| DN mber of contributing  | NJ  | •  | Transaction ID: INC.A.47444  Amount of Each Receipt this Period  |
| mber of contributing   | NJ  | •  | Transaction ID: INC.A.47444  Amount of Each Receipt this Period  |
| mber of contributing   |   | 07405  |  |
|  | C   |  | 05.00  |
|  |   |  | 25.00  |
| mployer<br>EALTH SOLUTIONS   | Occupation SR DIR E   | n<br>E-COM STRAT & DELI  |  |
| r:<br>ary General<br>r (specify) <b>▼</b>  | Aggregate   | e Year-to-Date ▼<br>225.00   |  |
| (Last, First, Middle Initial)<br>SH MISTRY   |   |  | Date of Receipt  |
| dress 106 HAMBURG ROA  | D   |  | 04 26 2008   |
|  | State   | Zip Code   | Transaction ID: INC.A.47112  |
| PANY   | NJ  | 07054  | Amount of Each Receipt this Period   |
| mber of contributing<br>tical committee.   | C   |  | 25.00  |
| mployer<br>EALTH SOLUTIONS   |   |  |  |
| r:<br>ary General<br>r (specify) <b>▼</b>  | Aggregate   | Year-to-Date ▼ 225.00  |  |
| r  | Tress 106 HAMBURG ROA  PANY  The mber of contributing ical committee.  The mployer EALTH SOLUTIONS  The many of the many contributing ical committee.  The mployer EALTH SOLUTIONS  The many of the many contribution is a second contribution in the | State NJ  Mber of contributing ical committee.  Inployer EALTH SOLUTIONS  C Occupation TECHNIC Aggregate  Aggregate  Aggregate | State Zip Code NJ 07054  The proper of contributing ical committee.  The proper of contributing ical committee ical commit |

| ITEMIZED RECEIPTS  | ν)                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 213 / 281   (check only one)  |
|--|--------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                       | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MS JULIANA MOLEK                                 |                                      |   | Date of Receipt   |
| Mailing Address 17584 WEXFORD I  | DR                                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>EDEN PRAIRIE   | State<br>MN                          | Zip Code<br>55347   | Transaction ID: INC.A.47207   |
| FEC ID number of contributing federal political committee.                               | C                                    | 33347   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR S                  | n<br>SPECIAL MARKETS  |   |
| Receipt For:  Primary General  Other (specify)   |                                      | e Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial) MR PETER MONKHOUSE                               | Date of Receipt                      |   |   |
| Mailing Address 1320 BRONCO CIF  | ?                                    |   | 0 4 2 6 2 0 0 8   |
| City<br>WARRINGTON   | State<br>PA                          | Zip Code<br>18976   | Transaction ID: INC.A.47215   |
| FEC ID number of contributing federal political committee.                               | C                                    | 10070   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR F                  | n<br>BENEFIT DELIVERY SYS   |   |
| Receipt For:  Primary General  Other (specify) ▼   | <del></del>                          | e Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY                               | Date of Receipt                      |   |   |
| Mailing Address 86 WELLINGTON AVENUE   |                                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City State SHORT HILLS NJ  FEC ID number of contributing federal political committee.    |                                      | Zip Code<br>07078   | Transaction ID: INC.A.47089   |
|  |                                      | 07076   | Amount of Each Receipt this Period  |
| Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PHARMACEUTICAL CONTRAC            |                                      |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                            | Year-to-Date ▼<br>1728.00   |   |
| SUBTOTAL of Receipts This Page (optiona  | )<br>                                |   | 242.00  |

|         | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                     | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 214 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|---------------------|---|---|
|         | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and add      | lress of any political committee to                                     | solicit contributions from such committee.  |
|         | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL A         | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α.      | Full Name (Last, First, Middle Initial) MS THERESA MORMILE  | _                   |   | Date of Receipt   |
|         | Mailing Address 59 VALLEY VIEW TE   | :R                  |   | 04 26 2008  |
|         | City  | State               | Zip Code  | Transaction ID: INC.A.47390   |
|         | MONTVALE  | NJ                  | 07645   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                   |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP FINA! |   |   |
|         | Receipt For:  | Aggregate           | Year-to-Date ▼  |   |
|         | Primary General Other (specify) ▼   |                     | 450.00  |   |
| -<br>В. | Full Name (Last, First, Middle Initial) MR ROBERT MULLER  | _                   |   | Date of Receipt   |
|         | Mailing Address 69 FERN PLACE   |                     |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |
|         | City  | State               | Zip Code  | Transaction ID: INC.A.47401   |
|         | PARAMUS   | NJ                  | 07652   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                   |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP HLTH  | n<br>I BUS CLIENT ENROLLMN'   | Г   |
|         | Receipt For:    Primary   General   | Aggregate           | Year-to-Date ▼  |   |
|         | Other (specify)   |                     | 450.00  |   |
| С.      | Full Name (Last, First, Middle Initial) MS BECKY NAGLE  |                     |   | Date of Receipt   |
|         | Mailing Address 64 WALTER AVE   |                     |   | 04 26 2008  |
|         | City<br>HASBROUCK HEIGHTS   | State<br>NJ         | Zip Code<br>07604   | Transaction ID: INC.A.47144  Amount of Each Receipt this Period                   |
|         | FEC ID number of contributing federal political committee.  | C                   | 07004   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP CLINI | CAL SVCS  |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate           | Year-to-Date ▼ 225.00   |   |
|         | SUBTOTAL of Receipts This Page (optional)   |                     |   | 125.00  |
| Ī       | TOTAL This Period (last page this line number   | r onlv)             |   |   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS                  | Use separate schedule(s) for each category of the Detailed Summary Page                                 | FOR LINE NUMBER: PAGE 215 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16              |
|--|---|---|
| NAME OF COMMITTEE (In Full)                                | d Statements may not be sold or used by any perso<br>the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial)                    | C. POLITICAL ACTION COMMITTEE (a.k.a  | ı. Medco Health PAC)  |
| MS BARBARA NEAVERTH Mailing Address PO BOX 523             |   | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y                            |
| City<br>SUGAR LOAF   | State Zip Code<br>NY 10981  | Transaction ID: INC.A.47128  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee. | C   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                 | Occupation SR DIR BUSINESS REQUIREMENTS   | s   |
| Receipt For:  Primary General  Other (specify) ▼           | Aggregate Year-to-Date ▼  225.00  |   |
| Full Name (Last, First, Middle Initial) MS ARLENE NELSON   |   | Date of Receipt   |
| Mailing Address 17 GARFIELD PLA                            |   | 04 26 2008  |
| City<br><u>RIDGEWOOD</u>                                   | State Zip Code NJ 07450   | Transaction ID: INC.A.47174   |
| FEC ID number of contributing federal political committee. | C   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                 | Occupation VP FINANCE   |   |
| Receipt For:  Primary General  Other (specify) ▼           | Aggregate Year-to-Date ▼ 450.00   |   |
| Full Name (Last, First, Middle Initial) MS JANINE NOWATZKY | Date of Receipt   |   |
| Mailing Address 24 CHEROKEE TR.                            | AIL   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>OAKLAND  | State Zip Code<br>NJ 07436  | Transaction ID: INC.A.47284  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee. | C   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                 | Occupation SR DIR MARKET STRATEGY   |   |
| Receipt For:  Primary General  Other (specify) ▼           | Aggregate Year-to-Date ▼  225.00  |   |
| SUBTOTAL of Receipts This Page (optional                   | l)  | 100.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 216 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|---|
| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any persor the name and address of any political committee to so.  POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial)  MR ROBERT O'CONNELL  Mailing Address 12001 PEONY CT  City  TAMPA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)      | State Zip Code FL 33635  C  Occupation DIR SECURITY  Aggregate Year-to-Date  225.00   | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                    |
| Full Name (Last, First, Middle Initial) MR CHARLES OESTREICHER Mailing Address 6 PARK DR SOUTH  City RYE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)        | State Zip Code NY 10580  C  Occupation VP E-COM STRATEGY & DELIVERY Aggregate Year-to-Date  450.00  | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                    |
| Full Name (Last, First, Middle Initial) MR SUNNY OGBONDA Mailing Address 79 LAUREL WOOD  City ROCKAWAY TOWNSHIP  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | COURT  State Zip Code NJ 07866  C  Occupation DIR BUSINESS REQUIREMENTS  Aggregate Year-to-Date  225.00                                       | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                    |
| SUBTOTAL of Receipts This Page (optional   | ) <b>&gt;</b>   | 100.00  |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 217 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 11 |
|--|--|--|
| or for commercial purposes, other than  NAME OF COMMITTEE (In Full)                | orts and Statements may not be sold or used by any per<br>using the name and address of any political committee<br>S INC. POLITICAL ACTION COMMITTEE (a.I. | e to solicit contributions from such committee.                                    |
| Full Name (Last, First, Middle Initial MR MELVIN OHL                               |  | Date of Receipt  |
| Mailing Address 274 E FRANK  |  | 04 26 2008   |
| City<br><u>RIDGEWOOD</u>   | State Zip Code NJ 07450  | Transaction ID: INC.A.47361  Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.                         | C 07433  | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP PROCUREMENT & INVENTOR   |  |
| Receipt For:  Primary General  Other (specify) ▼                                   | Aggregate Year-to-Date ▼ 450.00  |  |
| Full Name (Last, First, Middle Initial MRS SUE OLIVER Mailing Address 11 LEE DRIVE |  | Date of Receipt  |
| Mailing Address     LEE DRIVE  |  | 04 26 2008   |
| City<br>NORTH HALEDON  | State Zip Code NJ 07508  | Transaction ID: INC.A.47373  |
| FEC ID number of contributing federal political committee.                         | C  | Amount of Each Receipt this Period 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation EXEC DIR TECHNOLOGY   |  |
| Receipt For:  Primary General  Other (specify) ▼                                   | Aggregate Year-to-Date ▼ 450.00  |  |
| Full Name (Last, First, Middle Initial MS CLAUDINE OLSEN                           |  | Date of Receipt  |
| Mailing Address 4 HIGHGATE   | OI   | 04 26 2008   |
| City<br>SUFFERN  | State Zip Code<br>NY 10901   | Transaction ID: INC.A.47406  Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.                         | C  | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR ACCT MGMT  |  |
| Receipt For:  Primary General  Other (specify) ▼                                   | Aggregate Year-to-Date ▼ 225.00  |  |
| CURTOTAL of Descriptor This Descriptor   | otional)   | 125.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s<br>for each category of the<br>Detailed Summary Page               |  |
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| Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   |  | person for the purpose of soliciting contributions tee to solicit contributions from such committee.  a.k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) ALEXANDER ONIK Mailing Address 1 SCHINDLER CT  City UPPER SADDLE RIVER  | State Zip Code<br>NJ 07458   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 2 6 2 0 0 8  Transaction ID: INC.A.47494  Amount of Each Receipt this Period     |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   | Occupation TECHNICAL SPECIALIST Aggregate Year-to-Date  225.0                              | 25.00  |
| Full Name (Last, First, Middle Initial) MS NATALYA ONIK  Mailing Address 1 SCHINDLER CT  City  UPPER SADDLE RIVER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) | State Zip Code NJ 07458  C  Occupation DIR TECHNOLOGY  Aggregate Year-to-Date  225.06      | Date of Receipt  M M M / D D M 2 0 0 8  Transaction ID: INC.A.47266  Amount of Each Receipt this Period  25.00                 |
| Full Name (Last, First, Middle Initial) MS LUDIVINA PACAMARRA Mailing Address 4 TEAK COURT  City RINGWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)          | State Zip Code NJ 07456  C  Occupation EXEC DIR TECHNOLOGY  Aggregate Year-to-Date  450.06 | Date of Receipt    M M   |
| SUBTOTAL of Receipts This Page (optional) .   | 1  | 100.00   |

TOTAL This Period (last page this line number only) .....

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                       | FOR LINE NUMBER: PAGE 219 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 11                      |
|---|---|--|
| NAME OF COMMITTEE (In Full)   | s and Statements may not be sold or used by any personsing the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee.            |
| Full Name (Last, First, Middle Initial)  MS DAWN PAGANO  Mailing Address 185 PASCACK F  City  PARK RIDGE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS | State Zip Code NJ 07656  C Occupation   | Date of Receipt  M M / 26 2008  Transaction ID: INC.A.47348  Amount of Each Receipt this Period  50.00 |
| Receipt For:  Primary General  Other (specify) ▼  | GROUP COO  Aggregate Year-to-Date ▼  450.00   |  |
| Full Name (Last, First, Middle Initial)  MR RICHARD PAGANO  Mailing Address 185 PASCACK F   | RD  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State Zip Code  | Transaction ID: INC.A.47344  |
| PARK RIDGE  | NJ 07656  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | С   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR BUSINESS REQUIREMENTS   | s  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  225.00  |  |
| Full Name (Last, First, Middle Initial) MRS MICHELE PAIGE   |   | Date of Receipt  |
| Mailing Address 12 MILLBROOK  | COURT   | 04 26 2008   |
| City<br>LIVINGSTON  | State Zip Code NJ 07039   | Transaction ID: INC.A.47261  Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP RETIREE SOLUTIONS MKTG  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  225.00  |  |
| SUBTOTAL of Receipts This Page (opti  | ional)  | 100.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page   | FOR LINE NUMBER: PAGE 220 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 11   |
|---|---|---|
| or for commercial purposes, other than using t  NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any persor ne name and address of any political committee to see POLITICAL ACTION COMMITTEE (a.k.a. | for the purpose of soliciting contributions solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial)  MS GIRA PATEL  Mailing Address 5 FOXHILL RUN  City  MONMOUTH JUNCTION  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State Zip Code NJ 08852  C  Occupation SR DIR BUSINESS REQUIREMENTS Aggregate Year-to-Date  225.00  | Date of Receipt    M   M   D   D   C   C   C   C   C   C  |
| Full Name (Last, First, Middle Initial)  MR JAY PATEL  Mailing Address 14 BROWNSTONE  City  HAWTHORNE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  | State Zip Code NJ 07506  C  Occupation DIR E-COM STRAT & DELIV  Aggregate Year-to-Date ▼  | Date of Receipt  M M M / D D D / Y Y Y Y Y  O 4 2 6 2 0 0 8  Transaction ID: INC.A.47482  Amount of Each Receipt this Period  25.00 |
| Primary General Other (specify)  Full Name (Last, First, Middle Initial) MRS CATHY PATTEN Mailing Address 2001 MEADOWS AV  City LANTANA FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS                         | 225.00  | Date of Receipt  M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)   | Aggregate Year-to-Date ▼ 425.00   | 75.00   |

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 221 / 281 (check only one)    X                                       |
|----|--|----------------------|---|---|
| A  | ny information copied from such Reports and S<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. I | e name and ad        | dress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | Full Name (Last, First, Middle Initial)  JIMMY PERREN  Mailing Address 1250 BRAY PARK DR   | REAST                |   | Date of Receipt  0 4 2 6 2 0 0 8  |
|    | City   | State                | Zip Code  | Transaction ID: INC.A.47531   |
|    | COLLIERVILLE   | TN                   | 38017   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C                    |   | 75.00   |
|    | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupatio<br>VP REG  | n<br>ULATORY COMPLIANCE   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate            | e Year-to-Date ▼ 525.00   | ]   |
|    | Full Name (Last, First, Middle Initial) MR MICHAEL PETEROY   |                      |   | Date of Receipt   |
|    | Mailing Address 4769 STAVANGER LA  | ANE                  |   | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$                                      |
|    | City   | State                | Zip Code  | Transaction ID: INC.A.47331   |
|    | LAS VEGAS  | NV                   | 89147   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | С                    |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   |                      | DDUCT DEVELOPMENT   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate            | e Year-to-Date ▼<br>225.00  |   |
|    | Full Name (Last, First, Middle Initial) MR NATHAN PETERSON Mailing Address 1771 PRESCOTT LAN   | NE                   |   | Date of Receipt   |
|    | City   | State                | Zip Code  | 04 26 2008  |
|    | CHASKA   | MN                   | 55318   | Transaction ID: INC.A.47237  Amount of Each Receipt this Period                             |
|    | FEC ID number of contributing federal political committee.   | C                    |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>NATL AC | n<br>CCT EXEC   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate            | e Year-to-Date ▼<br>225.00  |   |
| Γ, | SUBTOTAL of Receipts This Page (optional)  |                      |   | 125.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 222 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16  |
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| NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any persithe name and address of any political committee to be compared to the compare | son for the purpose of soliciting contributions o solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR THOMAS PETTYES Mailing Address 8522 UPLAND LN N City MAPLE GROVE  | ·  | Date of Receipt    Date of Receipt   Date of Rec |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) | Occupation GENERAL MGR GROUP Aggregate Year-to-Date  450.00  | 50.00  |
| Full Name (Last, First, Middle Initial) MARTINE PFLIEGER Mailing Address 44 HENRY TERRAC   | CE State Zip Code  | Date of Receipt    M M   |
| EINCOLN PARK FEC ID number of contributing federal political committee.  | NJ 07035   | Amount of Each Receipt this Period 25.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | Occupation ATTORNEY  Aggregate Year-to-Date ▼  225.00  |  |
| Full Name (Last, First, Middle Initial) MR THOMAS PIERCE Mailing Address 1050 S. CLARKSON  | J ST   | Date of Receipt  |
| City DENVER FEC ID number of contributing  | State Zip Code<br>CO 80209   | Transaction ID: INC.A.47509  Amount of Each Receipt this Period  |
| federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  | Occupation VP LABOR RELATIONS  | 50.00  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 450.00  |  |
| SUBTOTAL of Receipts This Page (optional   | )  | 125.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 223 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17  |
|--|---|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)   | d Statements may not be sold or used by any personate the name and address of any political committee to political ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) DR PAGE PIGG Mailing Address 9297 ANGLER TRL  City MECHANICSVILLE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: | State Zip Code VA 23116  C  Occupation DIR CLINICAL SVCS  Aggregate Year-to-Date ▼  | Date of Receipt  M M M / D D / Y Y Y Y Y Y  O 4 2 6 2 0 0 8  Transaction ID: INC.A.47235  Amount of Each Receipt this Period  25.00 |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MS JUDITH PLATKIN  Mailing Address 29 BLACKWELL AV  | 225.00<br>/E  | Date of Receipt    M M  |
| City MORRISTOWN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:   | State Zip Code NJ 07960  C  Occupation SVP & GENERAL MGR  Aggregate Year-to-Date  | Transaction ID: INC.A.47101  Amount of Each Receipt this Period  200.00   |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MS JANET PORAT  Mailing Address 5 CRABAPPLE CT  | 1800.00   | Date of Receipt   |
| City MONSEY  FEC ID number of contributing federal political committee.  | State Zip Code<br>NY 10952  | Transaction ID: INC.A.47198  Amount of Each Receipt this Period  25.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼   | Occupation DIR BUSINESS REQUIREMENTS  Aggregate Year-to-Date ▼  225.00  |   |
| SUBTOTAL of Receipts This Page (optional   | ) <b>&gt;</b>   | 250.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | ·)                                   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER:   PAGE 224 / 281   (check only one)                                      |
|---|--------------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may<br>the name and add | r not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                    | . POLITICAL A                        | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MS LYDIA POTTER                                   |                                      |   | Date of Receipt   |
| Mailing Address 19642 S.W. 88 LOC   | )P                                   |   | 04 / 26 / Y Y Y Y Y   |
| City<br>DUNNELLON   | State<br>FL                          | Zip Code<br>34432   | Transaction ID: INC.A.47415  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                                | C                                    | J4402   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR OPS                   |   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                            | Year-to-Date ▼ 225.00   |   |
| Full Name (Last, First, Middle Initial) MR NEIL PREZIOSO                                  | <b>I</b>                             |   | Date of Receipt   |
| Mailing Address 10258 WINDSOR W   | VAY                                  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>POWELL  | State<br>OH                          | Zip Code<br>43065   | Transaction ID: INC.A.47316   |
| FEC ID number of contributing federal political committee.                                | C                                    | +5000   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP HLTH                   | n<br>I CARE OPS/FORMULARY/  | CDP   |
| Receipt For:  Primary General  Other (specify) ▼  | <del>'</del>                         | Year-to-Date ▼ 450.00   |   |
| Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE                              |                                      |   | Date of Receipt   |
| Mailing Address 875 ALEXANDRIA (  | СТ                                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>RAMSEY  | State<br>NJ                          | Zip Code<br>07446   | Transaction ID: INC.A.47275  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                                | C                                    | 07440   | 192.30  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP HR                    | ו   |   |
| Receipt For:  Primary  General  Other (specify)   | Aggregate                            | Year-to-Date ▼<br>1730.70   |   |
| SUBTOTAL of Receipts This Page (optional  | <u> </u>                             |   | 267.30  |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 225 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|----------|---|--------------------------------|---|---|
|          | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma<br>e name and ad | y not be sold or used by any persodress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I                                       | POLITICAL A                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial) MR ROBERT PRITCHET                                      |                                |   | Date of Receipt   |
|          | Mailing Address 135 HOLLYBERRY D  | RIVE                           |   | 04 26 2008  |
|          | City<br>HOPEWELL JUNCTION   | State<br>NY                    | Zip Code<br>12533   | Transaction ID: INC.A.47381  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.                                      | С                              |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR              | n<br>CONTRACT ADMINISTRAT   | —<br>ION  |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>225.00  |   |
| ь.<br>В. | Full Name (Last, First, Middle Initial) MR MARK PROULX  |                                |   | Date of Receipt   |
|          | Mailing Address 20 BRANDY RIDGE F   | ROAD                           |   | 04 26 2008  |
|          | City<br>SPARTA  | State<br>NJ                    | Zip Code  | Transaction ID: INC.A.47449   |
|          | FEC ID number of contributing federal political committee.                                      | C                              | 07871   | Amount of Each Receipt this Period  192.31  |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP PH              | n<br>ARMACY & CUST SVC OPS  |   |
|          | Receipt For: Primary General Other (specify)  | Aggregate                      | e Year-to-Date ▼<br>1730.79   | ]   |
| С.       | Full Name (Last, First, Middle Initial)<br>SYED QUADRI  |                                |   | Date of Receipt   |
|          | Mailing Address 6040 KENNEDY BLVI<br>APT 30N  | DEAST                          |   | 04 26 2008  |
|          | City<br>WEST NEW YORK   | State<br>NJ                    | Zip Code<br>07093   | Transaction ID: INC.A.47443  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.                                      | С                              |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR PRI             |   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>225.00  |   |
|          | SUBTOTAL of Receipts This Page (optional)   | 1                              |   | 242.31  |
| Ì        | TOTAL This Period (last page this line number   | · onlv)                        |   |   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Κ)                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 226 / 281   (check only one)  |
|--|---------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may<br>the name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL /                        | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR GILBERT RAINES                                |                                       |   | Date of Receipt   |
| Mailing Address 800 SANDY TRAIL  |                                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                                 | Zip Code  | Transaction ID: INC.A.47466   |
| KELLER FEC ID number of contributing federal political committee.                        | C                                     | 76248   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio DIR HR                      | n   |   |
| Receipt For:  Primary General  Other (specify) ▼   |                                       | e Year-to-Date ▼ 425.00   |   |
| Full Name (Last, First, Middle Initial) MS FRANCES RAO                                   |                                       |   | Date of Receipt   |
| Mailing Address 19 ROSS ROAD   |                                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>SCARSDALE  | State<br>NY                           | Zip Code<br>10583   | Transaction ID: INC.A.47125   |
| FEC ID number of contributing federal political committee.                               | C                                     | 10363   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>EXEC DI                  | n<br>R REGULATORY   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                             | Year-to-Date ▼ 225.00   |   |
| Full Name (Last, First, Middle Initial) MRS DOLORES RAPUANO                              |                                       |   | Date of Receipt   |
| Mailing Address 57660 BEAVER VA  | ALLEY RD                              |   | M M / D D / Y Y Y Y Y O S O S O S O S O S O S O S O   |
| City   | State                                 | Zip Code  | Transaction ID: INC.A.47420   |
| QUAKER CITY  FEC ID number of contributing federal political committee.                  | OH C                                  | 43773   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR I                 | n<br>ELIGIBILITY  |   |
| Receipt For:  Primary General  Other (specify) ▼   |                                       | e Year-to-Date ▼<br>225.00  |   |
| SUBTOTAL of Receipts This Page (optional   | I st)                                 |   | 75.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>(</b> )            | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 227 / 281 (check only one)    X           |
|--|-----------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | the name and add      | dress of any political committee to                                     | solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial)  MS JOANN REED  Mailing Address 4 ANTLER CT  City  | State                 | Zip Code  | Date of Receipt  M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| MATAWAN FEC ID number of contributing federal political committee.   | NJ<br>C               | 07747   | Amount of Each Receipt this Period 65.38                        |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   |                       | n<br>_ ADVISOR TO COE<br>e Year-to-Date ▼<br>588.42                     |   |
| Full Name (Last, First, Middle Initial)  MRS MONICA REED  Mailing Address 8475 DUNHAM STA  | ATION DRIVE           |   | Date of Receipt  0 4 2 6 2 0 0 8                                |
| City   | State                 | Zip Code  | Transaction ID: INC.A.47272                                     |
| TAMPA  FEC ID number of contributing federal political committee.  | C                     | 33647   | Amount of Each Receipt this Period  25.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR PHA    | n<br>RM PRACTICE  | 1   |
| Receipt For:  Primary General  Other (specify) ▼   |                       | Year-to-Date ▼ 425.00   |   |
| Full Name (Last, First, Middle Initial) MR THOMAS REINCKENS  |                       |   | Date of Receipt   |
| Mailing Address 22 BARTLETT AVE  | Ĭ.                    |   | 0 4 2 6 2 0 0 8   |
| City<br>NORWALK  | State<br>CT           | Zip Code<br>06850   | Transaction ID: INC.A.47213  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C                     | 0000  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>EXEC DI | n<br>R RECONCILIATION   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | Year-to-Date ▼ 450.00   |   |
| SUBTOTAL of Receipts This Page (optional   | al)                   |   | 140.38  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 228 / 281 (check only one)    X   |
|---|---|---|
| or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)  | and Statements may not be sold or used by any pers<br>g the name and address of any political committee to<br>IC. POLITICAL ACTION COMMITTEE (a.k.a | o solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR VICTOR RENNA  Mailing Address 8 CARLA ANN CT  City FLANDERS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07836  C  Occupation VP PROCUREMENT & INVENTORY Aggregate Year-to-Date   450.00   | Date of Receipt  M M M 26 26 2008  Transaction ID: INC.A.47417  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial) MR JOSEPH REYNOLDS Mailing Address 412 RIVER MEWS  City EDGEWATER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General              |   | Date of Receipt  M M Z 6 Z 0 0 8  Transaction ID: INC.A.47463  Amount of Each Receipt this Period  70.00  |
| Full Name (Last, First, Middle Initial) SUZANNE RICHARDS Mailing Address 21357 W 115TH T  City OLATHE  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify)   |   | Date of Receipt  M M M / 26 2008  Transaction ID: INC.A.47532  Amount of Each Receipt this Period  25.00  |
| SUBTOTAL of Receipts This Page (option  | al)   | 145.00  |

|                                 | LE A (FEC Form 3X<br>) RECEIPTS                                  | )                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 229 / 281   (check only one)  |
|---------------------------------|--|--------------------------------------|---|---|
| Any information or for commerce | n copied from such Reports and cial purposes, other than using t | d Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \                               | COMMITTEE (In Full)<br>HEALTH SOLUTIONS INC                      | . POLITICAL A                        | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (                     | Last, First, Middle Initial)                                     |                                      |   | Date of Receipt   |
| Mailing Add                     | lress 4565 QUEENSLANI  | ) LN N                               |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>MINNEAF                 | POLIS  | State<br>MN                          | Zip Code<br>55446   | Transaction ID: INC.A.47155  Amount of Each Receipt this Period                             |
| FEC ID nur                      | nber of contributing ical committee.                             | C                                    |   | 25.00   |
| Name of En<br>MEDCO HI          | nployer<br>EALTH SOLUTIONS                                       | Occupation DIR CLIN                  | n<br>NICAL SVCS   |   |
| Receipt For Prima Other         |  |                                      | Year-to-Date ▼ 225.00   |   |
|                                 | Last, First, Middle Initial)<br>A RODRIGUEZ-BALZAC               |                                      |   | Date of Receipt   |
|                                 | lress 22 PAPOOSE TRAI  | L                                    |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>ANDOVE                  | R  | State<br>NJ                          | Zip Code<br>07821   | Transaction ID: INC.A.47462  Amount of Each Receipt this Period                             |
| FEC ID nur                      | nber of contributing ical committee.                             | C                                    | 07021   | 25.00   |
| Name of En<br>MEDCO HI          | nployer<br>EALTH SOLUTIONS                                       | Occupation DIR PUB                   | n<br>SLIC AFFAIRS   |   |
| Receipt For Prima Other         |  |                                      | Year-to-Date ▼ 225.00   |   |
|                                 | Last, First, Middle Initial)<br>EL ROMANZO                       |                                      |   | Date of Receipt   |
|                                 | lress 96 LEHMANN STRE  | ET                                   |   | M M / D D / Y Y Y Y Y O B O B O B O B O B O B O B O   |
| City<br>MAHWAH                  | 1  | State<br>NJ                          | Zip Code<br>07430   | Transaction ID: INC.A.47211   |
| FEC ID nur                      | nber of contributing ical committee.                             | C                                    | 07430   | Amount of Each Receipt this Period  192.30  |
| Name of En<br>MEDCO HI          | nployer<br>EALTH SOLUTIONS                                       | Occupation PRESIDE                   | n<br>ENT SYSTEMED   |   |
| Receipt For Prima Other         |  |                                      | Year-to-Date ▼<br>1730.70   |   |
| SUBTOTAL of                     | of Receipts This Page (optional)                                 | )                                    |   | 242.30  |

| SCHEDULE A (FEC For ITEMIZED RECEIPTS                                       | Use separate sched for each category of Detailed Summary  | f the Crieck drily drie)   |
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| Any information copied from such Report for commercial purposes, other that | orts and Statements may not be sold or used by a using the name and address of any political co | y any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTION                           | NS INC. POLITICAL ACTION COMMITT  | EE (a.k.a. Medco Health PAC)   |
| Full Name (Last, First, Middle Initia<br>DAVID ROOT                         | l)  | Date of Receipt  |
|   | BRANCH ROAD   | 0 4 2 6 2 0 0 8  |
| City  | State Zip Code<br>VA 23890  | Transaction ID: INC.A.47516  |
| WAVERLY  FEC ID number of contributing federal political committee.         | VA 23890  | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                                  | Occupation DIR STATE GOVERNMENT   | AFFAIRS  |
| Receipt For:  Primary General  Other (specify) ▼                            | Aggregate Year-to-Date ▼  | 25.00  |
| Full Name (Last, First, Middle Initia<br>MS DONNA ROSEN                     | <u> </u>  | Date of Receipt  |
| Mailing Address 7 RED OAK I   | ANE   | 04 26 2008   |
| City<br><u>KINNELON</u>   | State Zip Code NJ 07405   | Transaction ID: INC.A.47382  Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                  | C   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                                  | Occupation VP OPS-CLINICAL TECH   |  |
| Receipt For:  Primary General   | Aggregate Year-to-Date ▼  |  |
| Other (specify) ▼   | 4!  | 50.00  |
| Full Name (Last, First, Middle Initia<br>DR CHRISTINE ROTTAS                | l)  | Date of Receipt  |
| Mailing Address 7227 RAMOT  | H DRIVE   | 0 4 2 6 2 0 0 8  |
| City<br>JACKSONVILLE  | State Zip Code<br>FL 32226  | Transaction ID: INC.A.47179  |
| FEC ID number of contributing federal political committee.                  | C   | Amount of Each Receipt this Period  50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                                  | Occupation EXEC DIR CLINICAL SVCS   |  |
| Receipt For:  Primary General  Other (specify) ▼                            | Aggregate Year-to-Date ▼  | 50.00  |
| SUBTOTAL of Receipts This Page (  | optional)   | 125.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 231 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  |
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| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  | nd Statements may not be sold or used by any person the name and address of any political committee to sold.  C. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR RICHARD RUBINO Mailing Address 3 APACHE DRIVE  City OAKLAND  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)    | State Zip Code NJ 07436  C  Occupation SVP FINANCE & CHIEF FIN OFFCR Aggregate Year-to-Date ▼  1737.00  | Date of Receipt  M M M / D D / Y Y Y Y Y  Q 0 4 2 0 0 8  Transaction ID: INC.A.47378  Amount of Each Receipt this Period  193.00 |
| Full Name (Last, First, Middle Initial) MR STEVEN RUSSEK Mailing Address 21 SKY TOP RIDG  City OAKLAND  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)      | E  State Zip Code NJ 07436  C  Occupation VP FORMULARY & COVERAGE MGM Aggregate Year-to-Date  450.00  | Date of Receipt  M M M / D D / Y Y Y Y Y  Q 4 2 0 0 8  Transaction ID: INC.A.47227  Amount of Each Receipt this Period  50.00    |
| Full Name (Last, First, Middle Initial)  MS MARY RYAN  Mailing Address  456 RICHMOND A  City  MAPLEWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State Zip Code NJ 07040  C  Occupation VP PHARMACY REGULATORY  Aggregate Year-to-Date  705.06   | Date of Receipt    M   M   D   D   C   C   C   C   C   |
| SUBTOTAL of Receipts This Page (optional   | il)   | 321.34   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | ζ)                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 232 / 281   (check only one)  |
|--|---------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                        | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MISS CYNTHIA RYLANDS                             |                                       |   | Date of Receipt   |
| Mailing Address 4836 MIDDLE RD   |                                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>ALLISON PARK   | State<br>PA                           | Zip Code<br>15101   | Transaction ID: INC.A.47399  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C                                     | 10101   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR BUS                    | n<br>SINESS REQUIREMENTS  |   |
| Receipt For:  Primary  General  Other (specify) ▼  |                                       | Year-to-Date ▼ 225.00   |   |
| Full Name (Last, First, Middle Initial) MR MICHAEL SARDONE                               |                                       |   | Date of Receipt   |
| Mailing Address 7 AHERN WAY  |                                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>WEST ORANGE  | State<br>NJ                           | Zip Code<br>07052   | Transaction ID: INC.A.47256   |
| FEC ID number of contributing federal political committee.                               | C                                     | 07032   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR (                   | n<br>CLINICAL THERAPEUTICS  |   |
| Receipt For:  Primary General  Other (specify) ▼   | '                                     | Year-to-Date ▼ 225.00   | ]   |
| Full Name (Last, First, Middle Initial) MR MATTHEW SARDY                                 |                                       |   | Date of Receipt   |
| Mailing Address 230 FAIRFIELD AV   | /Ε.                                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>RIDGEWOOD  | State<br>NJ                           | Zip Code<br>07450   | Transaction ID: INC.A.47159   |
| FEC ID number of contributing federal political committee.                               | C                                     | 07430   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR E                   | n<br>BUS PLANNING & ADMIN   | 7   |
| Receipt For:  Primary General  Other (specify) ▼   |                                       | Year-to-Date ▼ 225.00   |   |
| SUBTOTAL of Receipts This Page (optional   | 1                                     |   | 75.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                        | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 233 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 |
|--|------------------------|---|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P |                        |   |   |
| Full Name (Last, First, Middle Initial) MS BETH SAVARE   |                        | torrort downwr ree (a.n.a   | Date of Receipt   |
| Mailing Address 27 JONES LN  |                        |   | M M / D D / Y Y Y Y Y O S O S O S O S O S O S O S O                             |
| City   | State                  | Zip Code  | Transaction ID: INC.A.47374   |
| BLAIRSTOWN   | NJ                     | 07825   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C                      |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR F    | n<br>PHARM OPS  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate              | Year-to-Date ▼ 225.00   |   |
| Full Name (Last, First, Middle Initial) MR DAVID SCHLETT   |                        |   | Date of Receipt   |
| Mailing Address 339 GRAMERCY PL  |                        |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                     |
| City   | State                  | Zip Code  | Transaction ID: INC.A.47377   |
| GLEN ROCK  | NJ                     | 07452   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C                      |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP FINA | n<br>ANCIAL & ANALYTICAL SV   | c   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate              | Year-to-Date ▼ 450.00   |   |
| Full Name (Last, First, Middle Initial) MR ALLEN SCHWARTZ  |                        |   | Date of Receipt   |
| Mailing Address 9111 N KARLOV  |                        |   | 04 26 7 2008  |
| City   | State                  | Zip Code  | Transaction ID: INC.A.47151   |
| SKOKIE   | IL                     | 60076   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C                      |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation EXEC DI     | n<br>R CLINICAL SVCS  |   |
| Receipt For: Primary General Other (specify)   | Aggregate              | Year-to-Date ▼ 450.00   |   |
| SUBTOTAL of Receipts This Page (optional)  |                        |   | 125.00  |

TOTAL This Period (last page this line number only) .....

| ITEMIZED RECEIPTS   | <b>X</b> )                              | Use separate schedule(s) for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 234 / 281   (check only one)                                      |
|---|---|--|---|
| Any information copied from such Reports a or for commercial purposes, other than using | nd Statements may<br>g the name and add | / not be sold or used by any persodress of any political committee to      | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                   | C. POLITICAL A                          | ACTION COMMITTEE (a.k.a  | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MR JEFFREY SCOTT                                |   |  | Date of Receipt   |
| Mailing Address 7330 EVEREST LA   | ANE - NORTH                             |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>MAPLE GROVE   | State<br>MN                             | Zip Code<br>55311  | Transaction ID: INC.A.47419  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                              | C                                       |  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR NATL                      | ACCT EXEC  |   |
| Receipt For:  Primary  General  Other (specify) ▼                                       |   | Year-to-Date ▼ 450.00  |   |
| Full Name (Last, First, Middle Initial) MR LEONARD SCOTT                                |   |  | Date of Receipt   |
| Mailing Address 13514 MOTTLEST  | ONE DRIVE NV                            | V  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City PICKERINGTON   | State<br>OH                             | Zip Code<br>43147  | Transaction ID: INC.A.47305  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                              | C                                       | 10117  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation BFG DIF                      | R ACCT MGMT  |   |
| Receipt For:  Primary General  Other (specify) ▼  |   | Year-to-Date ▼<br>225.00   |   |
| Full Name (Last, First, Middle Initial) MS MONICA SCOZZARE                              |   |  | Date of Receipt   |
| Mailing Address 3021 E MILLCREE   | K ROAD                                  |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>SALT LAKE CITY  | State<br>UT                             | Zip Code<br>84109  | Transaction ID: INC.A.47097  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                              | C                                       | 04100  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation EXEC DI                      | n<br>R CLINICAL SVCS   |   |
| Receipt For:  Primary General  Other (specify) ▼  |   | Year-to-Date ▼ 450.00  |   |
| SUBTOTAL of Receipts This Page (options   |   |  | 125.00  |

| SCHEDULE A ITEMIZED REC                      | (FEC Form 3X)<br>CEIPTS       |                        | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 235 / 281 (check only one)    X                                       |
|--|-------------------------------|------------------------|---|---|
| or for commercial purpo                      | oses, other than using the na | ame and add            | dress of any political committee to                                     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| MEDCO HEALTI                                 | H SOLUTIONS INC. PO           | LITICAL A              | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, Fir MR ROBERT SEND)         | EWICZ                         |                        |   | Date of Receipt   |
| ivialling Address 1                          | 220 CROSSING WAY              |                        |   | 04 26 2008  |
| City   |                               | State                  | Zip Code  | Transaction ID: INC.A.47127   |
| WAYNE  |                               | NJ                     | 07470   | Amount of Each Receipt this Period  |
| FEC ID number of of<br>federal political com |                               | C                      |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH :           | SOLUTIONS                     | Occupation<br>SR DIR T | TECHNOLOGY  |   |
| Receipt For:                                 |                               | Aggregate              | Year-to-Date ▼  |   |
| Primary Other (specify                       | General  ') ▼                 |                        | 225.00  |   |
| Full Name (Last, Fir MR GEORGE SERP          |                               |                        |   | Date of Receipt   |
| Mailing Address 6                            | 66 PROSPECT AVE               |                        |   | 0 4 2 6 2 0 0 8   |
| City   |                               | State                  | Zip Code  | Transaction ID: INC.A.47440   |
| WESTWOOD                                     |                               | NJ                     | 07675   | Amount of Each Receipt this Period  |
| FEC ID number of of<br>federal political com |                               | C                      |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH             | SOLUTIONS                     | Occupation VP BUSI     | n<br>NESS DEV   |   |
| Receipt For:                                 | Conoral                       | Aggregate              | Year-to-Date ▼  |   |
| Other (specify                               | General  ') ▼                 |                        | 450.00  |   |
| Full Name (Last, Fir MR THOMAS SHAN          |                               |                        |   | Date of Receipt   |
| Mailing Address 2                            | 266 BRUSHY CREEK A            | VE                     |   | 04 26 2008  |
| City   |                               | State                  | Zip Code  | Transaction ID: INC.A.47290   |
| LAS VEGAS                                    |                               | NV                     | 89148   | Amount of Each Receipt this Period  |
| FEC ID number of of<br>federal political com |                               | C                      |   | 60.00   |
| Name of Employer<br>MEDCO HEALTH             | SOLUTIONS                     | Occupation VP OPS      | 1   |   |
| Receipt For:                                 | Canaria                       | Aggregate              | Year-to-Date ▼  |   |
| Primary Other (specify                       | General  ') ▼                 |                        | 780.00  |   |
| SUBTOTAL of Receir                           | ots This Page (optional)      |                        |   | 135.00  |
|  | ast page this line number on  |                        | •   |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | )                             | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 236 / 281 (check only one)    X  |
|---|-------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | he name and ad                | dress of any political committee to                                     | on for the purpose of soliciting contributions o solicit contributions from such committee.                |
| Full Name (Last, First, Middle Initial) MR JOHN SHEA Mailing Address 62 FRANKLIN TURN  City ALLENDALE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General                                    | State NJ C Occupation ASST CO | Zip Code<br>07401   | Date of Receipt  M M C 26 2008  Transaction ID: INC.A.47111  Amount of Each Receipt this Period  40.00     |
| Full Name (Last, First, Middle Initial) MR FRANK SHEEHY Mailing Address 119 HAMILTON RD  City RIDGEWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  Other (specify) |                               | Zip Code<br>07450   | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47167  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial) MR PETER SHERMAN Mailing Address 139 GATES AVENUI  City MONTCLAIR  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)                | State NJ C Occupatio MANAGI   | Zip Code<br>07042<br>n<br>NG COUNSEL<br>e Year-to-Date ▼                | Date of Receipt  M M M / 26 2008  Transaction ID: INC.A.47090  Amount of Each Receipt this Period  50.00   |
| SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number  |                               |   | 140.00   |

|         | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 237 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|----------------------|---|---|
|         | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F | name and add         | dress of any political committee to   | solicit contributions from such committee.  |
| A.      | Full Name (Last, First, Middle Initial) MR JAMES SHIVAS  | OLITICAL 7           | ACTION COMMINITIEE (a.k.a   | Date of Receipt   |
| Α.      | Mailing Address 18 PROSPECT AVE  |                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |
|         | City<br>NORTH ARLINGTON  | State<br>NJ          | Zip Code<br>07031   | Transaction ID: INC.A.47251  Amount of Each Receipt this Period                   |
|         | FEC ID number of contributing federal political committee.   | С                    |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR PRICE |   |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate            | e Year-to-Date ▼<br>225.00  |   |
| -<br>В. | Full Name (Last, First, Middle Initial) MR ELWOOD SIDES III Mailing Address 150 CLAREMONT AVI  | I                    |   | Date of Receipt   |
|         | City   | State                | Zip Code  | 04 26 2008  |
|         | LONG BEACH   | CA                   | 90803   | Transaction ID: INC.A.47182  Amount of Each Receipt this Period                   |
|         | FEC ID number of contributing federal political committee.   | С                    |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP SALE   |   |   |
|         | Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  | Aggregate            | e Year-to-Date ▼<br>225.00  |   |
| -<br>С. | Full Name (Last, First, Middle Initial) JEFFREY SIMEK  |                      |   | Date of Receipt   |
|         | Mailing Address 704 SAW PALMETTO   | COURT                |   | 0 4 2 6 2 0 0 8   |
|         | City PORT ORANGE   | State<br>FL          | Zip Code<br>32128   | Transaction ID: INC.A.47268  Amount of Each Receipt this Period                   |
|         | FEC ID number of contributing federal political committee.   | C                    | 32.120  | 192.31  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP COR    | n<br>P COMMUNICATIONS   |   |
|         | Receipt For:  Primary  General  Other (specify)  | Aggregate            | e Year-to-Date ▼<br>1730.79   |   |
|         | SUBTOTAL of Receipts This Page (optional)  |                      |   | 242.31  |
|         | TOTAL This Period (last page this line number  | only)                |   |   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>X</b> )          | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 238 / 281 (check only one)    X                    |
|--|---------------------|---|--|
| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS IN | g the name and add  | dress of any political committee to                                     | solicit contributions from such committee.                               |
| Full Name (Last, First, Middle Initial)  MR LEE SIMON  Mailing Address 2390 GREENVIEW  | V ROAD              |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y |
| City NORTHBROOK  | State<br>IL         | Zip Code<br>60062   | Transaction ID: INC.A.47426  Amount of Each Receipt this Period          |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  | Occupation          |   | 50.00  |
| Receipt For:  Primary General  Other (specify) ▼   | <del></del>         | AL MGR GROUP  Year-to-Date ▼  450.00                                    |  |
| Full Name (Last, First, Middle Initial) MR JEFFREY SINKO Mailing Address 10 CHERRY TREE  | ELANE               |   | Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y   |
| City   | State               | Zip Code  | Transaction ID: INC.A.47300  |
| KINNELON  FEC ID number of contributing federal political committee.   | C                   | 07405   | Amount of Each Receipt this Period  50.00                                |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   |                     | ENERAL COUNSEL  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | Year-to-Date ▼ 450.00   |  |
| Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO  |                     |   | Date of Receipt  |
| Mailing Address 564 DALE COURT   | EAST                |   | 04 26 2008   |
| City<br>RIVER VALE   | State<br><b>N</b> J | Zip Code<br>07675   | Transaction ID: INC.A.47126  Amount of Each Receipt this Period          |
| FEC ID number of contributing federal political committee.   | C                   | 07075   | 30.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   |                     | rechnology  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | Year-to-Date ▼ 270.00   |  |
| SUBTOTAL of Receipts This Page (options  | al)                 |   | 130.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 239 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                          |
|--|--|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)   | d Statements may not be sold or used by any perso<br>the name and address of any political committee to<br>c. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR JOHN SISTO Mailing Address 24 MAYBERRY LAN  City MECHANICSBURG  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General            | State Zip Code PA 17050  C  Occupation SR DIR PHARMACY REGULATORY Aggregate Year-to-Date  225.00   | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47360  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) MR DAVID SITVER Mailing Address 24 YORKSHIRE AV  City SUFFERN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) |  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) ANN SMITH Mailing Address 437 GLENDALE RD  City WYCKOFF  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)       | State Zip Code NJ 07481  C  Occupation SR DIR PUBLIC AFFAIRS  Aggregate Year-to-Date  225.00   | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47254  Amount of Each Receipt this Period  25.00 |
| SUBTOTAL of Receipts This Page (optional   | )  | 75.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | ·)                                   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:   PAGE 240 / 281   (check only one)  |
|---|--------------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may<br>the name and add | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                    | C. POLITICAL A                       | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR ROBERT SMITH                                   |                                      |   | Date of Receipt   |
| Mailing Address 40 JOSHUA DR  | Т                                    |   | 04 26 2008  |
| City  | State                                | Zip Code  | Transaction ID: INC.A.47397   |
| RAMSEY  | NJ                                   | 07446   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                | C                                    |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP OPS                    | ١   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                            | Year-to-Date ▼ 900.00   |   |
| Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR                                 |                                      |   | Date of Receipt   |
| Mailing Address 23 CEDAR GATE R   | OAD                                  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State                                | Zip Code  | Transaction ID: INC.A.47455   |
| DARIEN  | CT                                   | 06820   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                | C                                    |   | 192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation CHAIRM.                   | n<br>AN & CEO   |   |
| Receipt For:  | Aggregate                            | Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   | 0 0                                  | 1730.79   |   |
| Full Name (Last, First, Middle Initial) MR ALAN SOKALER                                   |                                      |   | Date of Receipt   |
| Mailing Address 30 MICHELLE WAY   | ′                                    |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State<br>NJ                          | Zip Code  | Transaction ID: INC.A.47481   |
| PINE BROOK  | INU                                  | 07058   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                | C                                    |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP FINAL                  |   |   |
| Receipt For:  | Aggregate                            | Year-to-Date ▼  | _   |
| Primary General Other (specify) ▼   |                                      | 450.00  |   |
|   |                                      |   |   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER: PAGE 241 / 281 (check only one)    X |
|--|--|---|
|  | Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to |   |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                   | . POLITICAL ACTION COMMITTEE (a.k.a  | . Medco Health PAC)                                   |
| Full Name (Last, First, Middle Initial) BARRY SOUTHERN                   |  | Date of Receipt                                       |
| Mailing Address 3705 MIDDLEBURY  City                                    | State Zip Code   | 0 4 2 6 2 0 0 8  Transaction ID: INC.A.47530          |
| GREENSBORO   | NC 27410   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.               | C  | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP                                 | Occupation GENERAL MGR   |   |
| Receipt For:  Primary General  Other (specify) ▼                         | Aggregate Year-to-Date ▼ 225.00  |   |
| Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE               |  | Date of Receipt                                       |
| Mailing Address 21625 E. MERIWET   |  | 04 26 2008  |
| City   | State Zip Code   | Transaction ID: INC.A.47318                           |
| LIBERTY LAKE  FEC ID number of contributing federal political committee. | WA 99019   | Amount of Each Receipt this Period  25.00             |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                               | Occupation VP/GM   |   |
| Receipt For:  Primary General  | Aggregate Year-to-Date ▼   | 1   |
| Other (specify) ▼  | 425.00   |   |
| Full Name (Last, First, Middle Initial)<br>MR RALPH STAIANO              | 1  | Date of Receipt                                       |
| Mailing Address 1 LAMBROS DRIVE  |  | 04 26 2008  |
| City<br>MONROE   | State Zip Code<br>NY 10950   | Transaction ID: INC.A.47104                           |
| FEC ID number of contributing federal political committee.               | C  | Amount of Each Receipt this Period  25.00             |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                               | Occupation SR DIR BUSINESS REQUIREMENTS  | <del>-</del><br>s                                     |
| Receipt For:  Primary General  Other (specify) ▼                         | Aggregate Year-to-Date ▼  225.00   |   |
| SURTOTAL of Receipts This Page (optional)                                |  | 75.00   |

|                 | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 242 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|-----------------|---|-------------------|---|---|
| \<br>\<br>\     | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. I | name and ad       | dress of any political committee to                                     | o solicit contributions from such committee.                                      |
| ∠<br><b>A</b> . | Full Name (Last, First, Middle Initial) PETER STARK   | OLITIOAL I        | AOTION OOMINITTEE (a.K.e  | Date of Receipt   |
| м.              | Mailing Address 4840 COLE ROAD  |                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |
|                 | City<br>MEMPHIS   | State<br>TN       | Zip Code<br>38117   | Transaction ID: INC.A.47553  Amount of Each Receipt this Period                   |
|                 | FEC ID number of contributing federal political committee.  | C                 | 30117   | 50.00   |
|                 | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation GROUP  |   |   |
|                 | Receipt For:  Primary General  Other (specify) ▼  | Aggregate         | e Year-to-Date ▼<br>450.00  | ]   |
| В.              | Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN Mailing Address 7 FOREST LAKE DR  |                   |   | Date of Receipt  0 4 2 6 2 0 0 8  |
|                 | City  | State             | Zip Code  | Transaction ID: INC.A.47380   |
|                 | WEST HARRISON   | NY                | 10604   | Amount of Each Receipt this Period  |
|                 | FEC ID number of contributing federal political committee.  | С                 |   | 50.00   |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation GROUP  | on<br>VP FINANCE  |   |
|                 | Receipt For:  Primary General  Other (specify) ▼  | Aggregate         | e Year-to-Date ▼<br>450.00  |   |
| _<br>C.         | Full Name (Last, First, Middle Initial) CHANNING STAVE  | 1                 |   | Date of Receipt   |
|                 | Mailing Address 77 HIGHVIEW AVE   |                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |
|                 | City<br>TUCKAHOE  | State<br>NY       | Zip Code<br>10707   | Transaction ID: INC.A.47515   |
|                 | FEC ID number of contributing federal political committee.  | C                 | 10707   | Amount of Each Receipt this Period  25.00   |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR | on<br>MARKETING   |   |
|                 | Receipt For:  Primary General  Other (specify) ▼  | Aggregate         | e Year-to-Date ▼<br>225.00  |   |
|                 | SUBTOTAL of Receipts This Page (optional)   |                   |   | 125.00  |
| T               | TOTAL This Period (last page this line number   | only)             |   |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate scheduler for each category of the Detailed Summary Page                    | (check only one)  |
|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | e name and address of any political comm   | y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.  (a.k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial)  MS JILL STEARNS  Mailing Address 13130 HALSELL DR  City  AUSTIN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)     | State Zip Code TX 78732  C  Occupation SR NATL ACCT EXEC  Aggregate Year-to-Date   450.0 | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47429  Amount of Each Receipt this Period  50.00                          |
| Full Name (Last, First, Middle Initial) MR CRAIG STEEL  Mailing Address 122 DEMAREST AVE  City EMERSON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)        | State Zip Code NJ 07630  C  Occupation NATL ACCT EXEC  Aggregate Year-to-Date  225.0     | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47201  Amount of Each Receipt this Period  25.00                          |
| Full Name (Last, First, Middle Initial) MS AMY STEINKELLNER  Mailing Address 1740 HIGHLAND DR  City ELM GROVE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code WI 53122  C Occupation VP CLINICAL SVCS Aggregate Year-to-Date  450.0     | Date of Receipt  M M Z 6 Z 0 0 8  Transaction ID: INC.A.47243  Amount of Each Receipt this Period  50.00                            |
| SUBTOTAL of Receipts This Page (optional)  |  | 125.00  |

| ITEMIZED RECEIPTS  | Χ)                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 244 / 281   (check only one)  |
|--|---------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | nd Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                        | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) DR GLEN STETTIN                                  |                                       |   | Date of Receipt   |
| Mailing Address 8 MILL GLEN CT   |                                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City UPPER SADDLE RIVER  | State<br>NJ                           | Zip Code<br>07458   | Transaction ID: INC.A.47445  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C                                     |   | 192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP/GM                     | n<br>ADVANCED CLINICAL SLT  | —<br>NS   |
| Receipt For:  Primary  General  Other (specify)  |                                       | e Year-to-Date ▼<br>1730.79   |   |
| Full Name (Last, First, Middle Initial) MS JANNA STOUL                                   |                                       |   | Date of Receipt   |
| Mailing Address 4 APACHE WAY   |                                       |   | 0 4 2 6 2 0 0 8   |
| City   | State                                 | Zip Code  | Transaction ID: INC.A.47117   |
| MONTVILLE  FEC ID number of contributing federal political committee.                    | NJ<br>C                               | 07045   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR 3                   | n<br>FECHNOLOGY   |   |
| Receipt For:  Primary General  Other (specify) ▼   | <del></del>                           | e Year-to-Date ▼<br>225.00  |   |
| Full Name (Last, First, Middle Initial) MR SCOTT STRATTON                                |                                       |   | Date of Receipt   |
| Mailing Address 351 TIMBERLANE   | DRIVE                                 |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>ORANGE   | State<br>CT                           | Zip Code<br>06477   | Transaction ID: INC.A.47488  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C                                     |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP PROI                    | n<br>DUCT DEVELOPMENT   | 7   |
| Receipt For:  Primary General  Other (specify) ▼   |                                       | Year-to-Date ▼ 450.00   |   |
| SUBTOTAL of Receipts This Page (optiona  | J)                                    |   | 267.31  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 245 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 11                           |
|--|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F   | tatements may not be sold or used by any personame and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a.) | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MS PATRICIA STRETE Mailing Address 19275 PAVER BARNE  City MARYSVILLE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: | S ROAD  State Zip Code OH 43040  C  Occupation DIR CLINICAL THERAPEUTICS  Aggregate Year-to-Date                                 | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47150  Amount of Each Receipt this Period  25.00  |
| Primary General Other (specify)  Full Name (Last, First, Middle Initial) MS COLEEN SULLIVAN Mailing Address 38 BARKMILL TERRA City MONTVILLE   | 225.00  CE  State Zip Code  NJ 07045   | Date of Receipt  M M C 26 2008  Transaction ID: INC.A.47427   |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)   | Occupation SR DIR BUSINESS REQUIREMENTS Aggregate Year-to-Date  225.00   | Amount of Each Receipt this Period  25.00   |
| Full Name (Last, First, Middle Initial) MS CYNTHIA SULLIVAN Mailing Address 21 DENISE DRIVE  City KINNELON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS                  | State Zip Code NJ 07405  C  Occupation SVP FINANCIAL PLANNING  | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47379  Amount of Each Receipt this Period  192.30 |
| Receipt For: Primary General Other (specify)   SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number  | ·  | 242.30  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER: PAGE 246 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17  |
|--|--|---|
| or for commercial purposes, other than using t  NAME OF COMMITTEE (In Full)  | Statements may not be sold or used by any person he name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a.) | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR MARK SULLIVAN Mailing Address 16025 PINE VALE P  City MIDLOTHIAN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General | L.  State Zip Code VA 23113  C  Occupation DIR CS SYSTEMS PLAN & IMPLEM Aggregate Year-to-Date  225.00                                 | Date of Receipt  M M M / D D / Y Y Y Y Y  2 6 2 0 0 8  Transaction ID: INC.A.47108  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) MS IRENE SUTTON Mailing Address 20 AVENUE @ POR APPT 209 City WEST NEW YORK FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS Receipt For:           |  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT Mailing Address 8362 GOLDEN PRA  City TAMPA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS   | 360.00   | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47209  Amount of Each Receipt this Period  50.00                    |
| Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  | Aggregate Year-to-Date ▼  850.00   | 115.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 247 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 11                                |
|---|---|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  | Statements may not be sold or used by any perse name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | o solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR NICHOLAS TAYLOR Mailing Address 2710 WEXFORD RD  City UPPER ARLINGTON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code OH 43221  C  Occupation DIR CLINICAL SVCS  Aggregate Year-to-Date ▼  225.00                                      | Date of Receipt    M   M   26   2008    Transaction ID: INC.A.47450   Amount of Each Receipt this Period   25.00 |
| Full Name (Last, First, Middle Initial) MR BOOBALAN THANGAVELU Mailing Address 13 BIRCH TERRACE City MT ARLINGTON FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07856  C  Occupation TECHNICAL SPECIALIST  Aggregate Year-to-Date  225.00                                     | Date of Receipt    M   M   D   D   C   C   C   C   C   C   |
| Full Name (Last, First, Middle Initial) MS MELINDA THIEL Mailing Address 27 GARVEY ROAD  City WAYNE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)              | State Zip Code NJ 07470  C  Occupation SR DIR PRODUCT MGMT  Aggregate Year-to-Date  225.00                                      | Date of Receipt    M M M   |
| SUBTOTAL of Receipts This Page (optional)   |   | 75.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 248 / 281 (check only one)    X   |
|---|----------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F  | name and ad          | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.                       |
| Full Name (Last, First, Middle Initial) MS MELISSA THOMET  Mailing Address 721 HINMAN AVE #1E  City EVANSTON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General |                      | ACCT MGMT<br>e Year-to-Date ▼   | Date of Receipt    M   M   26   2008   Transaction ID: INC.A.47114   Amount of Each Receipt this Period   25.00 |
| Other (specify) ▼  Full Name (Last, First, Middle Initial) MS MARY THORSBY  Mailing Address 17326 ELLEN DR  City LIVONIA  FEC ID number of contributing   | State<br>MI          | Zip Code<br>48152   | Date of Receipt  M M Z G Z O O 8  Transaction ID: INC.A.47223  Amount of Each Receipt this Period  75.00        |
| Receipt For:  Primary  Other (specify)  | Occupatio<br>SR NATI | n<br>L ACCT EXEC<br>e Year-to-Date ▼  |   |
| Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD  Mailing Address 7974 FLAMETREE CT  City LAS VEGAS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS                                 | State<br>NV<br>C     | Zip Code<br>89123   | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47282  Amount of Each Receipt this Period  25.00      |
| Receipt For: Primary General Other (specify)  | VP/GM<br>Aggregate   | e Year-to-Date ▼<br>425.00  |   |
| SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number  |                      | •   | 125.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | for each ca  | ate schedule(s)<br>ategory of the<br>ummary Page | FOR LINE NUMBER: PAGE 249 / 281 (check only one)    X                    |
|---|--|--|--|
| Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | the name and address of any p                      | olitical committee to                            | solicit contributions from such committee.                               |
| Full Name (Last, First, Middle Initial)  MR WILLIAM TOBIN  Mailing Address 838 COLONIAL RE  City  | State Zip Code                                     | 9  | Date of Receipt    M M M   |
| FRANKLIN LAKES  FEC ID number of contributing federal political committee.  | NJ 07417   |  | Amount of Each Receipt this Period  50.00                                |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼   | Occupation VP BENEFIT SYSTE Aggregate Year-to-Date | _  |  |
| Full Name (Last, First, Middle Initial) MRS DONNA TOPOLSKI Mailing Address 128 MANHATTAN  | FERRACE  |  | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y |
| City<br>DUMONT  | State Zip Code<br>NJ 07628                         | <del></del>                                      | Transaction ID: INC.A.47414  |
| FEC ID number of contributing federal political committee.  | C  | 1 1  | Amount of Each Receipt this Period  25.00                                |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | Occupation SR DIR BUSINESS Aggregate Year-to-Date  |  | 6  |
| Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER   |  |  | Date of Receipt  |
| Mailing Address 713 INDIAN CREE   | ( RD   |  | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$                   |
| City<br>AMHERST   | State Zip Code<br>VA 24521                         | 9  | Transaction ID: INC.A.47297  Amount of Each Receipt this Period          |
| FEC ID number of contributing federal political committee.  | C  |  | 75.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR GOVERNME                         | ENT AFFAIRS                                      |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date                             | 675.00   |  |
| SUBTOTAL of Receipts This Page (optional  |  |  | 150.00   |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS  | Use separate schedule( for each category of the Detailed Summary Page   | (check only one)   |
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| or for commercial purposes, other than to NAME OF COMMITTEE (In Full)   | ts and Statements may not be sold or used by any sing the name and address of any political committee.  INC. POLITICAL ACTION COMMITTEE |  |
| Full Name (Last, First, Middle Initial) MR GARY TULLY Mailing Address 16 FIELDHEDC  City HILLSBOROUGH FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General | State Zip Code NJ 08844  C  Occupation DIR CLIENT SVC DELIVERY Aggregate Year-to-Date   | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47433  Amount of Each Receipt this Period  30.00 |
| Full Name (Last, First, Middle Initial) MR KEITH URICH Mailing Address 12495 SOUTH  City DRAPER  FEC ID number of contributing  | 270.0  1745 EAST  State Zip Code UT 84020  C  | Date of Receipt  M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Receipt For:  Primary  Other (specify)  | Occupation REGIONAL VP SALES-SYSTEM Aggregate Year-to-Date  225.0   | MED  |
| Full Name (Last, First, Middle Initial) MS CARA VAN ZILE Mailing Address 31 LINCOLN R  City KINNELON FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  | State Zip Code NJ 07405  C  Occupation EXEC DIR ANALYTICAL SVCS Aggregate Year-to-Date  |  |
| Other (specify)   SUBTOTAL of Receipts This Page (op  | 450.0   | 105.00   |

|                | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 251 / 281 (check only one)    X                                       |
|----------------|---|--------------------------------|---|---|
| A              | Any information copied from such Reports and Sor for commercial purposes, other than using the    | Statements ma<br>e name and ad | ly not be sold or used by any persodress of any political committee to  | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|                | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | POLITICAL                      | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| <b>↓</b><br>4. | Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA                                      |                                |   | Date of Receipt   |
|                | Mailing Address W328 S4230 SPRING   | RIDGE                          |   | 04 26 2008  |
|                | City<br>WAUKESHA  | State<br>WI                    | Zip Code<br>53189   | Transaction ID: INC.A.47525   |
|                | FEC ID number of contributing federal political committee.  | C                              | 22109   | Amount of Each Receipt this Period  50.00   |
|                | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP & C             | on<br>GENERAL MGR   |   |
|                | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 450.00   |   |
| _<br>3.        | Full Name (Last, First, Middle Initial) MR NICHOLAS VASILOPOULOS Mailing Address 105 ARRANDALE RD | <u> </u>                       |   | Date of Receipt   |
|                |   | 01-1-                          | 7'- 0-1-  | 04 26 2008  |
|                | City<br>ROCKVILLE CENTRE  | State<br>NY                    | Zip Code<br>11570   | Transaction ID: INC.A.47288  Amount of Each Receipt this Period                             |
|                | FEC ID number of contributing federal political committee.  | C                              |   | 50.00   |
|                | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP MKT              |   |   |
|                | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>450.00  |   |
| _<br>).        | Full Name (Last, First, Middle Initial) CHANTAL VEEVAETE  |                                |   | Date of Receipt   |
|                | Mailing Address 7292 OAKVILLE DRIV  | /E                             |   | 04 26 2008  |
|                | City<br>GERMANTOWN  | State<br>TN                    | Zip Code<br>38138   | Transaction ID: INC.A.47542  Amount of Each Receipt this Period                             |
|                | FEC ID number of contributing federal political committee.  | C                              |   | 50.00   |
|                | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation                     |   |   |
|                | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 450.00   |   |
|                | SUBTOTAL of Receipts This Page (optional)   |                                |   | 150.00  |
| r              | TOTAL This Period (last page this line number   | only)                          |   |   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 252 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 11 |
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| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)                          | d Statements may not be sold or used by any petthe name and address of any political committee.  POLITICAL ACTION COMMITTEE (a.I.) | e to solicit contributions from such committee.                                    |
| Full Name (Last, First, Middle Initial) MR WIL VELARDE Mailing Address 443 WEST SADDLE City        | E RIVER RD State Zip Code  | Date of Receipt  0 4 2 6 2 0 0 8  Transaction ID: INC.A.47169                      |
| UPPER SADDLE RIVER FEC ID number of contributing federal political committee.                      | NJ 07458   | Amount of Each Receipt this Period 40.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼         | Occupation SR DIR E-COM STRAT & DELI Aggregate Year-to-Date  360.00  |  |
| Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE Mailing Address 201 WATCHUNG A UNIT #17 | VENUE  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
| City  BLOOMFIELD  FEC ID number of contributing federal political committee.                       | State Zip Code NJ 07003  | Transaction ID: INC.A.47165  Amount of Each Receipt this Period  25.00             |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS<br>Receipt For:   | Occupation SR DIR MEDICAL Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)                         | 225.00   |  |
| MR GORDON VICKERS  Mailing Address 436 MOUNTAIN AV   | ENUE   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
| City<br>WESTFIELD  | State Zip Code NJ 07090  | Transaction ID: INC.A.47087  Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.   | C  | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation NATL ACCT EXEC  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  225.00   |  |
|  | )  | 90.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page   | FOR LINE NUMBER: PAGE 253 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                      |
|--|---|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any person ename and address of any political committee to see POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR MUNISH VIJ  Mailing Address 11 BOULDER TRAIL  City MAHWAH  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)            | State Zip Code NJ 07430  C  Occupation TECHNICAL SPECIALIST  Aggregate Year-to-Date  225.00   | Date of Receipt  M M C 26 2008  Transaction ID: INC.A.47472  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) MS ANNETTE WAGNER  Mailing Address 8 INDIAN RUN ROAD  City  LONG VALLEY  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07853  C  Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date  225.00  | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) MR DANIEL WALDEN  Mailing Address 450 BEECHMONT DE  City NEW ROCHELLE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   | State Zip Code NY 10804  C  Occupation SVP REGULATORY & MC PROGRAM Aggregate Year-to-Date  1730.79                                      | Date of Receipt    M   M   D   D   C   C   C   C   |
| SUBTOTAL of Receipts This Page (optional)  | <b>&gt;</b>   | 242.31   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 254 / 281 (check only one)    X   |
|---|---|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  | Statements may not be sold or used by any personal tension and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | o solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial)  MS THERESE WALKER  Mailing Address 363 MULBERRY CT  City  WYCKOFF  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State Zip Code NJ 07481  C  Occupation SR DIR PRODUCT MGMT  Aggregate Year-to-Date  225.00  | Date of Receipt  M M M / D D D / Y Y Y Y Y  2 0 0 8  Transaction ID: INC.A.47103  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE Mailing Address 5445 GOODWIN AVI  City DALLAS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)     | State Zip Code TX 75206  C  Occupation VP SALES SEGMENT LEADER  Aggregate Year-to-Date   1730.79  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE  Mailing Address 5 APPLE ORCHARD  City MOORESTOWN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | State Zip Code NJ 08057  C  Occupation VP/GM  Aggregate Year-to-Date   850.00   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| SUBTOTAL of Receipts This Page (optional)   |   | 267.31  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  |                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 255 / 281 (check only one)    X           |
|--|-----------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | the name and addres               | s of any political committee to   | solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial)  MS CATHERINE WASSON  Mailing Address 26072 HARBOR VI  City  | EW<br>State                       | Zip Code  | Date of Receipt    M M  |
| CAPISTRANO BEACH  FEC ID number of contributing federal political committee.   | CA C                              | 92624   | Amount of Each Receipt this Period  50.00                       |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼  | Occupation VP NATL A Aggregate Ye |   |   |
| Full Name (Last, First, Middle Initial) MS BEVERLY WATSON Mailing Address 2 MICHELANGELO   | COURT                             |   | Date of Receipt  0 4 2 6 2 0 0 8                                |
| City   | State                             | Zip Code  | Transaction ID: INC.A.47345                                     |
| SOMERSET  FEC ID number of contributing federal political committee.   | NJ<br>C                           | 08873   | Amount of Each Receipt this Period  25.00                       |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  | Occupation DIR BENEF Aggregate Ye |   | 1   |
| Other (specify) ▼  Full Name (Last, First, Middle Initial)  MRS KELLY WEBBER   | 0 0 0                             | 225.00  | Date of Receipt   |
| Mailing Address 107 UPPER SADDI  | LE RIVER ROAD                     |   | 04 26 2008  |
| City<br>MONTVALE   | State<br>NJ                       | Zip Code<br>07645   | Transaction ID: INC.A.47280  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C                                 |   | 100.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP CORP H           | IR  |   |
| Receipt For: Primary General Other (specify) ▼   | Aggregate Ye                      | ar-to-Date ▼ 900.00   |   |
| SUBTOTAL of Receipts This Page (optiona  | ,                                 |   | 175.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 256 / 281 (check only one)    X           |
|--|---|---|
| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)                  | d Statements may not be sold or used by any person the name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial)  MARK WEGRYN  Mailing Address 1717 DYMOKE DR       | IVE   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| City COLLIERVILLE FEC ID number of contributing  | State Zip Code<br>TN 38017  | Transaction ID: INC.A.47253  Amount of Each Receipt this Period |
| federal political committee.  Name of Employer ACCREDO HEALTH GROUP                        | Occupation  | 25.00   |
| ACCREDO HEALTH GROUP  Receipt For:  Primary  General  Other (specify)                      | AVP QA AND PRODUCT INTEGRAT Aggregate Year-to-Date ▼  225.00  | ΙΦΝ   |
| Full Name (Last, First, Middle Initial) LOWELL WEINER  Mailing Address 1 BURGESS COUF      | RT  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| City   | State Zip Code  | Transaction ID: INC.A.47513                                     |
| WESTFIELD  FEC ID number of contributing federal political committee.                      | NJ 07090  | Amount of Each Receipt this Period  50.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP CORP COMMUNICATIONS   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 450.00   |   |
| Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH Mailing Address 309 WATERVIEW | DD DD   | Date of Receipt   |
|  |   | 04 26 2008  |
| City<br>FRANKLIN LAKES   | State Zip Code NJ 07417   | Transaction ID: INC.A.47191  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                 | C   | 192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation PRES, CEO ACCREDO  |   |
| Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼ 1730.79  |   |
| SUBTOTAL of Receipts This Page (optional   | J)  | 267.31  |
| TOTAL This Period (last page this line num   | ber only)   |   |

| SCHEDULE A (FEC FOITEMIZED RECEIPTS   | Use separate sched for each category of Detailed Summary  | f the   |
|---|---|---|
| or for commercial purposes, other the NAME OF COMMITTEE (In Full                          | eports and Statements may not be sold or used by<br>an using the name and address of any political co<br>NS INC. POLITICAL ACTION COMMITT | y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.  EE (a.k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Ini MR KENNETH WERMES Mailing Address 26037 N WI City      | ·   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| SCOTTSDALE  FEC ID number of contributing federal political committee.                    | AZ 85255  | Amount of Each Receipt this Period 75.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼ | Occupation VP/GM Aggregate Year-to-Date   6   | 75.00   |
| Full Name (Last, First, Middle Inima PETER WHITE  Mailing Address 2241 E. PIN #17F  City  |   | Date of Receipt  M M M / D D A 2 6 2 0 0 8  Transaction ID: INC.A.47109   |
| PHOENIX  FEC ID number of contributing federal political committee.                       | AZ 85016  | Amount of Each Receipt this Period  25.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼ | Occupation SR DIR ACCT MGMT Aggregate Year-to-Date  22  | 25.00   |
| Full Name (Last, First, Middle Ini<br>MS COLETTE WILSON<br>Mailing Address 16608 56TH     | ,   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  LYNNWOOD  FEC ID number of contributing   | State Zip Code WA 98037   | Transaction ID: INC.A.47197  Amount of Each Receipt this Period  25.00  |
| federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS                     | Occupation SR NATL ACCT EXEC  | 23.00   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  | 25.00   |
| SUBTOTAL of Receipts This Page  | (optional)  | 125.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 258 / 281 (check only one)  X 11a 11b 11c 12 13 14 15 16                             |
|--|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F   | tatements may not be sold or used by any personame and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MS BEVERLY WINKLER  Mailing Address 17 LYNWOOD RD  City VERONA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)          | State Zip Code NJ 07044  C  Occupation SR DIR ORG DEV  Aggregate Year-to-Date  225.00   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) MR MICHAEL WISNIEWSKI Mailing Address 23 DRUID HILL DR  City PARSIPPANY  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07054  C  Occupation SR DIR CONTRACT ADMINISTRAT Aggregate Year-to-Date  225.00                               | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) MR STEPHEN WOGEN  Mailing Address 145 WAUGHAW ROA  City TOWACO  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)          | State Zip Code NJ 07082  C  Occupation VP MEDICARE FINANCE Aggregate Year-to-Date  450.00                                       | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47204  Amount of Each Receipt this Period  50.00 |
| SUBTOTAL of Receipts This Page (optional)  |   | 100.00   |

| SCHEDULE A (FEC Form : ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 259 / 281 (check only one)    X           |
|---|--|---|
| Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any persong the name and address of any political committee to | on for the purpose of soliciting contributions                  |
| MEDCO HEALTH SOLUTIONS I  | NC. POLITICAL ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial)  MRS ELISSA WOJTOWICZ, RPH  Mailing Address 43 AZALEA PLAC                | DE   | Date of Receipt  0 4 2 6 2 0 0 8                                |
| City<br>PISCATAWAY  | State Zip Code<br>NJ 08854   | Transaction ID: INC.A.47119  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | C  | 30.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SR DIR RRA   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 270.00  |   |
| Full Name (Last, First, Middle Initial) MS ANNA WONG  |  | Date of Receipt   |
| Mailing Address 64-20 BELL BLV  | D  | 04 26 2008  |
| City<br>BAYSIDE   | State Zip Code<br>NY 11364   | Transaction ID: INC.A.47469                                     |
| FEC ID number of contributing federal political committee.  | C  | Amount of Each Receipt this Period  50.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP INSURED SOLUTIONS  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 450.00  |   |
| Full Name (Last, First, Middle Initial) MS JUDITH WOOD  |  | Date of Receipt   |
| Mailing Address 76 COLONIAL R   | OAD  | 04 26 2008  |
| City  | State Zip Code   | Transaction ID: INC.A.47421                                     |
| STILLWATER  FEC ID number of contributing federal political committee.  | NY 12170   | Amount of Each Receipt this Period  25.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR ACCT MGMT  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  225.00   |   |
| SUBTOTAL of Receipts This Page (optic   | onal)  | 105.00  |
| TOTAL This Period (last page this line no   | umber only)  |   |

| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC  Full Name (Last, First, Middle Initial) BRENDA WRIGHT  Mailing Address 1834 HUNTERS CR  City GERMANTOWN | he name and add . POLITICAL / | dress of any political committee to | a. Medco Health PAC)                         |
|---|-------------------------------|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) BRENDA WRIGHT Mailing Address 1834 HUNTERS CR City  | EEK DRIVE                     | (4111                               |  |
| City  |                               |                                     | Date of Receipt                              |
| GERMANTOWN  | State                         | Zip Code                            | 0 4 2 6 2 0 0 8  Transaction ID: INC.A.47539 |
|   | TN                            | 38138                               | Amount of Each Receipt this Period           |
| FEC ID number of contributing federal political committee.  | C                             |                                     | 50.00  |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupatio<br>VP QUA           | n<br>LITY INTEGRITY HEALTH          |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                     | e Year-to-Date ▼ 450.00             |  |
| Full Name (Last, First, Middle Initial) MR SERGEY YANITSKIY Mailing Address 793 LINCOLN AVE   |                               |                                     | Date of Receipt                              |
| Mailing Address 793 LINCOLN AVE   |                               |                                     | 04 26 2008                                   |
| City  | State                         | Zip Code                            | Transaction ID: INC.A.47163                  |
| POMPTON LAKES   | NJ                            | 07442                               | Amount of Each Receipt this Period           |
| FEC ID number of contributing federal political committee.  | C                             |                                     | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                               | CAL SPECIALIST                      |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                     | e Year-to-Date ▼<br>225.00          |  |
| Full Name (Last, First, Middle Initial) MS SARAH YINGLING   |                               |                                     | Date of Receipt                              |
| Mailing Address 901 ST MARKS AVE  | <u> </u>                      |                                     | 0 4 2 6 2 0 0 8                              |
| City  | State                         | Zip Code                            | Transaction ID: INC.A.47262                  |
| WESTFIELD   | NJ                            | 07090                               | Amount of Each Receipt this Period           |
| FEC ID number of contributing federal political committee.  | C                             |                                     | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SR DIR I         | n<br>PRODUCT MGMT                   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                     | e Year-to-Date ▼<br>225.00          |  |
| SUBTOTAL of Receipts This Page (optional)   |                               |                                     | 100.00                                       |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 261 / 281 (check only one)  X 11a 11b 11c 12  13 14 15 16 17                         |
|---|--|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any perso<br>the name and address of any political committee to<br>C. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR DANIEL ZELEM, JR Mailing Address 219 SPOOK ROCK  City SUFFERN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: | State Zip Code NY 10901  C  Occupation VP E-COM DEV  Aggregate Year-to-Date  | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47334  Amount of Each Receipt this Period  50.00 |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MS JILL ZELMAN   | 450.00   | Date of Receipt  |
| Mailing Address 43604 EMERALD DECITY  LEESBURG  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:   | State Zip Code VA 20176  C  Occupation SR DIR CONSOLIDATION PLAN Aggregate Year-to-Date  | Transaction ID: INC.A.47392  Amount of Each Receipt this Period  25.00                                     |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) ANDREA ZICCARELLI  Mailing Address 6550 HERONWOC   | 225.00<br>D DR   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City MEMPHIS  FEC ID number of contributing federal political committee.  | State Zip Code TN 38119  | Transaction ID: INC.A.47180  Amount of Each Receipt this Period  50.00                                     |
| Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify) ▼  | Occupation VP BUS DEV AND MARKETING  Aggregate Year-to-Date   450.00   |  |
| SUBTOTAL of Receipts This Page (optional  | J)   | 125.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | )                             | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 262 / 281 (check only one)    X   11a  |
|---|-------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | he name and add               | ress of any political committee to                                      | o solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI Mailing Address 6691 DEERVIEW DI  City LOVELAND  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)       | State OH C Occupation VP/GM   | Zip Code<br>45140<br>Year-to-Date ▼                                     | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47240  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO  Mailing Address 726 HIGH MOUNTA  City FRANKLIN LAKES  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State NJ C Occupation ASST CO |   | Date of Receipt  M M M / 26 / 2008  Transaction ID: INC.A.47479  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) JANET DAGLEY  Mailing Address 3021 FLAGSTONE I  City FRANKLIN  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP, INC.  Receipt For: Primary General Other (specify)      | State TN C Occupation DIRECTO | Zip Code<br>37069<br>DR, MARKETING<br>Year-to-Date ▼                    | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| SUBTOTAL of Receipts This Page (optional)   |                               | <b>\</b>  | 700.00   |
|   |                               |   | 39506.93   |

TOTAL This Period (last page this line number only) .....

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                 | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 263 / 281 (check only one)  11a 11b 11c 12 13 14 15 16 17 17       |
|--|-----------------|---|--|
| Any information copied from such Reports and Si or for commercial purposes, other than using the | atements may n  | ot be sold or used by any perso   | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. P                                       | OLITICAL AC     | TION COMMITTEE (a.k.a.  | Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) BANK OF MARIN Mailing Address 50 MADERA BLVD.  City      | State           | Zip Code  | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                 |
| CORTE MADERA  FEC ID number of contributing federal political committee.  Name of Employer       | CA C Occupation | 94925   | Amount of Each Receipt this Period  106.50  INTEREST EARNED                              |
| Receipt For: Primary General Other (specify)   | Aggregate Y     | ear-to-Date ▼ 402.53  |  |

| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 106.50 |
|---|----------|--------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 106.50 |

State:

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District:

| _         |   | /FFO F                       | 01//     |                                    |                              |        |             |           |    |                 |       |           |     |           |    |             |     |           |
|-----------|---|------------------------------|----------|------------------------------------|------------------------------|--------|-------------|-----------|----|-----------------|-------|-----------|-----|-----------|----|-------------|-----|-----------|
|           | CHEDULE B   | •                            | ,        |                                    | arate schedul                |        |             | R LIN     |    |                 | R:    |           |     | PA        | GE | 264 /       | 281 |           |
| IT        | EMIZED DIS  | BURSEMEN                     | TS       |                                    | category of th<br>Summary Pa |        | X           | 21b<br>27 | П  | 22<br>28a       | ш.    | 23<br>28b |     | 24<br>28c |    | 25<br>29    |     | 26<br>30b |
|           | y Information copied<br>for commercial purp             |                              |          | •                                  |                              | •      | •           | •         |    |                 | •     |           |     | _         |    |             |     |           |
| $\rangle$ | NAME OF COMMI<br>MEDCO HEALT                            | , ,                          | NC. POLI | ΓICAL AC                           | CTION COM                    | 1MITTE | Ε (         | a.k.a.    | Me | dco H           | lealt | h PA      | C)  |           |    |             |     |           |
|           | Full Name (Last, Fi<br>NIELSEN, MERI<br>Mailing Address | ,                            |          |                                    |                              | R, LLF | •           |           |    | Trans<br>Date o |       | burse     |     |           |    | 31<br>0 0 8 | Y   |           |
|           | City<br>MILL VALLEY                                     |                              |          | State<br>CA                        | Zip Code<br>94941            |        |             |           |    | Amou            | nt of | Each      | Dis | burser    |    |             |     | d         |
|           | Purpose of Disburs<br>LEGAL SERVICES                    |                              |          |                                    |                              |        | 00          | 1         |    |                 |       |           | _   |           | 13 | 317.1       | 5   |           |
|           | Candidate Name  |                              |          |                                    |                              | C      | ateg<br>Typ | •         |    |                 |       |           |     |           |    |             |     |           |
|           | Office Sought:  | House<br>Senate<br>President | Disburse | ment For:<br>Primary<br>Other (spe | Gene                         | ral    |             |           |    |                 |       |           |     |           |    |             |     |           |

| SUBTOTAL of Disbursements This Page (optional)      | <u> </u> | 1317.15 |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | _        | 1317.15 |
| TOTAL This renor (last page this line number only)  |          |         |

|          | CHEDULE B (FEC FOIII 3X)   | Use separate schedule(s                                  | (check on         | E NUMBER: PAGE 265 / 281   |
|----------|--|--|-------------------|--|
|          | EMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page        | 21b<br>27         | 22 X 23 24 25 28a 28b 28c 29   |
|          | y Information copied from such Reports and St or commercial purposes, other than using the |  |                   |  |
|          | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P                                  |  |                   |  |
| <u> </u> | Full Name (Last, First, Middle Initial) ENZI FOR US SENATE                                 |  |                   | Transaction ID: EXP.B.46579 Date of Disbursement   |
|          | Mailing Address P.O. BOX 2775  |  |                   | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$   |
|          | City<br>CODY   | State Zip Code<br>WY 82414                               |                   | Amount of Each Disbursement this Period  |
|          | Purpose of Disbursement  |  | 011               | 3000.00  |
|          | Candidate Name<br>MICHAEL B. ENZI  |  | Category/<br>Type |  |
|          | X Senate President   | ursement For: 2008  X Primary General  Other (specify) ▼ | 1                 |  |
| _        | State: WY District: Full Name (Last, First, Middle Initial)                                |  |                   | Transaction ID: EXP.B.46575  |
|          | FRIENDS OF CLIFF STEARNS   |  |                   | Date of Disbursement   |
|          | Mailing Address P.O. BOX 308   |  |                   | $\begin{bmatrix} 0 & 4 & M & / & 2 & 9 & / & 2 & 0 & 0 & 8 \\ 0 & 4 & M & / & D & 2 & 9 & / & 2 & 0 & 0 & 8 \end{bmatrix}$ |
|          | City<br>SILVER SPRINGS   | State Zip Code<br>FL 34489                               |                   | Amount of Each Disbursement this Perio   |
|          | Purpose of Disbursement  |  | 011               | 1000.00  |
|          | Candidate Name<br>CLIFFORD B. STEARNS  |  | Category/<br>Type |  |
|          | Office Sought:  X House Senate President State: FL District: 06                            | ursement For: 2008  X Primary General Other (specify)    | ,                 |  |
|          | Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS                              |  |                   | Transaction ID: EXP.B.46574 Date of Disbursement   |
|          | Mailing Address P.O. BOX 23940   |  |                   | 04  29 / 2008  |
|          | City<br>SANTA BARBARA  | State Zip Code<br>CA 93121                               |                   | Amount of Each Disbursement this Perio   |
|          | Purpose of Disbursement  |  | 011               | 1000.00  |
|          | Candidate Name<br>LOIS G. CAPPS  |  | Category/<br>Type |  |
|          | Senate<br>President  | ursement For: 2008  X Primary General Other (specify) ▼  | 1 712             |  |
|          | State: CA District: 23   |  |                   |  |

A.

В.

C.

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                       | ,   |    | FOR LIN               |      | _                | R:    |           |       | РА        | GE  | 266      | / 281          |           |
|---|--|-----|----|-----------------------|------|------------------|-------|-----------|-------|-----------|-----|----------|----------------|-----------|
| ITEMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page |     |    | (check c<br>21b<br>27 |      | 22<br>28a        | X     | 23<br>28b | F     | 24<br>28c | Н   | 25<br>29 |                | 26<br>30b |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name |  |     |    |                       |      |                  |       |           |       |           |     |          | S              |           |
| NAME OF COMMITTEE (In Full)   |  |     |    |                       |      |                  |       |           |       |           |     |          |                |           |
| MEDCO HEALTH SOLUTIONS INC. POLIT   | TICAL ACTION COMMI                             | TTE | ΞE | (a.k.a                | . Me | dco F            | Heal  | th P      | AC)   |           |     |          |                |           |
| Full Name (Last, First, Middle Initial) IMPACT  |  |     |    |                       |      | Date             |       | isburs    | seme  |           |     |          | Y              |           |
| Mailing Address 509 MADISON AVE., STI   | E. 1902  |     |    |                       |      | 0 4              |       | 2         | 2 9   |           | . 2 | o ŏ s    | 3              |           |
| •   | State Zip Code<br>NY 10022                     |     |    |                       |      | Amou             | ınt o | f Each    | h Dis | sburse    | -   |          |                | d         |
| Purpose of Disbursement  Candidate Name   |  |     | _  | )11                   |      |                  | 0     |           |       |           | 50  | 0.00.0   | 00             |           |
| GENERAL PURPOSE COMMITTEE   |  |     |    | tegory/<br>ype        |      |                  |       |           |       |           |     |          |                |           |
| Senate President  | ment For: Primary General Other (specify)      |     |    |                       |      |                  |       |           |       |           |     |          |                |           |
| State: District:  |  |     |    |                       | -    |                  |       |           |       |           |     |          |                |           |
| Full Name (Last, First, Middle Initial) NATHAN DEAL FOR CONGRESS  |  |     |    |                       |      | Date             | of D  | isburs    | seme  |           |     |          |                |           |
| Mailing Address P.O. BOX 902  |  |     |    |                       |      | 0 <sup>M</sup> 4 | М     | / D       | 2 9   | / Y       | ž   | 0 0 8    | 3 <sup>Y</sup> |           |
| •   | State Zip Code<br>GA 30503                     |     |    |                       |      | Amou             | ınt o | f Each    | h Dis | sburse    | men | t this   | Perio          | d         |
| Purpose of Disbursement   |  |     | _  | 011                   |      | L.               |       |           |       |           | 20  | 0.00.0   | 0              |           |
| Candidate Name<br>NATHAN DEAL   |  | ı   | a  | egory/<br>ype         |      |                  |       |           |       |           |     |          |                |           |
| Office Sought: X House Disburse Senate X President  | ment For: 2008 Primary General Other (specify) |     |    |                       |      |                  |       |           |       |           |     |          |                |           |
| State: GA District: 09  |  |     |    |                       |      |                  |       |           |       |           |     |          |                |           |
| Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS   |  |     |    |                       |      | Date             | of D  | isburs    | seme  |           |     |          |                |           |
| Mailing Address 7840 RED LEAF DR.   |  |     |    |                       |      | o <sup>M</sup> 4 | М     | ′         | 29    | ] / [ •   | ž   | 0 0 8    | 3 1            |           |
|   | State Zip Code<br>NV 89131                     |     |    |                       |      | Amou             | ınt o | f Each    | h Dis | sburse    | men | t this   | Perio          | d         |
| Purpose of Disbursement   |  |     | (  | )11                   |      |                  |       |           |       |           | .10 | 0.00.0   | 0              |           |
| Candidate Name<br>JON C. PORTER   |  | ı   | a  | egory/<br>ype         |      |                  |       |           |       |           |     |          |                |           |
| Senate X President  | ment For: 2008 Primary General Other (specify) |     |    |                       |      |                  |       |           |       |           |     |          |                |           |
| State: NV District: 03  |  |     |    |                       |      |                  |       |           |       |           |     |          |                |           |
| SUBTOTAL of Disbursements This Page (optional) .  |  |     |    | ▶                     |      |                  |       |           |       |           | 80  | 0.00     | 0              |           |
| TOTAL This Period (last page this line number only)   |  |     |    | •                     | •    |                  |       |           |       |           |     |          |                |           |

| ITEMIZED BIODUBACTUCA  | Use separate schedule(s) (chec                                      | LINE NUMBER: PAGE 267/281 k only one)   |
|--|---|---|
| ITEMIZED DISBURSEMENTS   | Detailed Summary Page 22  | 1b 22 X 23 24 25 26<br>7 28a 28b 28c 29 30  |
| Any Information copied from such Reports and State or for commercial purposes, other than using the result of the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. Personal Control of the Name of Communication (In Full) | ame and address of any political committee                          | to solicit contributions from such committee  |
| Full Name (Last, First, Middle Initial) SALAZAR FOR SENATE  Mailing Address P.O. BOX 600   |   | Transaction ID: EXP.B.46578 Date of Disbursement  M 4   |
| City DENVER Purpose of Disbursement  | State Zip Code<br>CO 80201  | Amount of Each Disbursement this Period   |
| Candidate Name<br>KEN SALAZAR  | 011<br>Category<br>Type   |   |
| Office Sought:    House   Disb     X Senate   President     State: CO   District:  | rrsement For: 2010  X Primary General  Other (specify) ▼            |   |
| Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS  Mailing Address P.O. BOX 24551  |   | Transaction ID: EXP.B.46576 Date of Disbursement  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City PITTSBURGH Purpose of Disbursement  | State Zip Code<br>PA 15234  | Amount of Each Disbursement this Period   |
| Candidate Name TIM MURPHY  Office Sought: X House Disb Senate President State: PA District: 18   | Category Type  ursement For: 2008 Primary X General Other (specify) |   |
| Full Name (Last, First, Middle Initial) GREG DAVIS FOR CONGRESS  |   | Transaction ID: EXP.B.46583  Date of Disbursement   |
| Mailing Address 5779 GETWELL RD.   | BLDG. D1  State Zip Code  | Amount of Each Disbursement this Period   |
| SOUTHAVEN Purpose of Disbursement  | MS 38672  | 1000.00   |
| Candidate Name CHARLES GREGORY DAVIS   | 011<br>Category<br>Type   | 1   |
| Office Sought:  X House Senate President  Disb   | ursement For: 2008 Primary X General Other (specify) ▼              |   |
| State: MS District: 01   |   |   |

|   |   | parate schedule(s)              | (check only       | NUMBER: PAGE 268 / 281  |
|---|---|---------------------------------|-------------------|---|
| ITEMIZED DISBURSEN  | Detailed                                | category of the<br>Summary Page | 21b 27            | 22 X 23 24 25 28a 28b 28c 29  |
|   |   |                                 |                   | or the purpose of soliciting contributions licit contributions from such committee  |
| NAME OF COMMITTEE (In Ful<br>MEDCO HEALTH SOLUTION          | )                                       |                                 |                   |   |
| Full Name (Last, First, Middle Ini<br>JIM RISCH FOR US SENA | •                                       |                                 |                   | Transaction ID: EXP.B.46587  Date of Disbursement   |
| Mailing Address 407 W. JE                                   | EFFERSON ST.                            |                                 |                   | $\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} & \begin{smallmatrix} I & D & D \\ 0 & 3 & 0 \end{smallmatrix} & \begin{smallmatrix} I & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 & Y \end{bmatrix}$  |
| City<br>BOISE   | State<br>ID                             | Zip Code<br>83702               |                   | Amount of Each Disbursement this Period   |
| Purpose of Disbursement                                     |   |                                 | 011               | 1000.00   |
| Candidate Name JAMES E. RISCH                               |   |                                 | Category/<br>Type |   |
| Office Sought:  House  X Senate  President                  | Disbursement For:  X Primary  Other (sp | 2008<br>General<br>pecify)      |                   |   |
| State: ID District: Full Name (Last, First, Middle Ini      | tial)                                   |                                 |                   | Transaction ID: EXP.B.46585   |
| LAUTENBERG FOR SENA   | TE                                      |                                 |                   | Date of Disbursement  |
| Mailing Address P.O. BOX RIVERFR                            | 200596<br>ONT PLAZA STATION             |                                 |                   | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & O \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ O & O & O \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} Y & Y & Y & Y \\ O & O & O \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} Y & Y & Y & Y \\ O & O & O \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} Y & Y & Y & Y \\ O & O & O \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} Y & Y & Y \\ O & O & O \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} Y & Y & Y \\ O & O & O \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} Y & Y & Y \\ O & O & O \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} Y & Y & Y \\ Y \\ Y & Y \\ Y \\ Y & Y \\ Y \\ Y & Y \\ Y & Y \\ Y \\ Y \\ Y \\ Y \\ Y \\ Y & Y \\ Y$ |
| City<br>NEWARK  | State<br>NJ                             | Zip Code<br>07102               |                   | Amount of Each Disbursement this Period   |
| Purpose of Disbursement                                     |   |                                 | 011               | 2000.00   |
| Candidate Name<br>FRANK R. LAUNTENBERG                      |   |                                 | Category/<br>Type |   |
| Office Sought:  House  X Senate  President                  | Disbursement For:  X Primary Other (sp  | 2008 General                    |                   |   |
| State: NJ District: Full Name (Last, First, Middle Ini      | tial)                                   |                                 |                   | =   |
| REED COMMITTEE  | uaij                                    |                                 |                   | Transaction ID: EXP.B.46586  Date of Disbursement   |
| Mailing Address P.O. BOX                                    | 8628                                    |                                 |                   | $\begin{bmatrix}\begin{smallmatrix}M&4&M\\0&4&\end{smallmatrix}\end{bmatrix} / \begin{bmatrix}\begin{smallmatrix}D&3&0\\&3&0\end{smallmatrix}] / \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&0&0&8\\&2&0&0&8\end{smallmatrix}$  |
| City<br>CRANSTON  | State<br>RI                             | Zip Code<br>02920               |                   | Amount of Each Disbursement this Perio  |
| Purpose of Disbursement                                     |   |                                 | 011               | 1000.00   |
| Candidate Name<br>JACK REED                                 |   |                                 | Category/<br>Type |   |
| Office Sought:  House  X Senate  President                  | Disbursement For:  X Primary Other (sp  | 2008 General                    |                   |   |
| State: RI District:   |   |                                 |                   |   |
|   |   |                                 |                   |   |

|    | SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  21b  | 26<br>30b      |
|----|--|---|---|----------------|
|    | Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name |   |   |                |
|    | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. POLIT   | FICAL ACTION COMMIT   | TTEE (a.k.a. Medco Health PAC)  |                |
| Α. | Full Name (Last, First, Middle Initial) VERN BUCHANAN FOR CONGRESS  Mailing Address P.O. BOX 48928         |   | Transaction ID: EXP.B.46584 Date of Disbursement  O 4 M / D 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | 8 <sup>Y</sup> |
|    | ,  | State Zip Code<br>FL 34230  | Amount of Each Disbursement this  | 1 1            |
|    | Purpose of Disbursement  |   | 011   | 00             |
|    | Candidate Name<br>VERNON BUCHANAN  |   | Category/<br>Type   |                |
|    |  | ment For: 2008 Primary General Other (specify)                                |   |                |

| SUBTOTAL of Disbursements This Page (optional)      | •        | 1000.00  |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 21000.00 |

# SCHEDIII F B (FEC Form 3Y)

|    | CHEDULE B (FEC FOIII 3X)   | Use separate schedule(s)                          | FOR LINE (check only     |  |
|----|--|---|--------------------------|--|
| IT | TEMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page | 21b 27                   | 22 23 24 25 26<br>28a 28b 28c X 29 30b   |
|    | ny Information copied from such Reports and Statem<br>for commercial purposes, other than using the name |   |                          |  |
|    | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLI   |   |                          |  |
| Α. | Full Name (Last, First, Middle Initial) ALAN SANBORN FOR SENATE  Mailing Address 27140 IRWIN RD.         |   |                          | Transaction ID: EXP.B.46552 Date of Disbursement   |
|    |  | Otata 7:a Oada                                    |                          |  |
|    | •  | State Zip Code MI 48062                           |                          | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement  |   | 011                      | 500.00   |
|    | Candidate Name<br>NON-FEDERAL CONTRIBUTION   |   | Category/<br>Type        |  |
|    | Office Sought: House Disburse Senate President State: MI District:                                       | ement For: 2010 Primary X General Other (specify) |                          |  |
| _  | Full Name (Last, First, Middle Initial)  |   |                          | Transaction ID: EXP.B.46567  |
| B. | ARLAN B. MEEKHOF FOR STATE REP   |   |                          | Date of Disbursement   |
|    | Mailing Address 9128 OAK CREEK LN.   |   |                          | $\begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix}$ $\begin{bmatrix} D & D & D \\ 0 & 2 & 2 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$ |
|    | WÉST OLIVE   | State Zip Code<br>MI 49460                        |                          | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION   |   | 011<br>Category/<br>Type | 250.00   |
|    |  | ement For: 2008 Primary X General Other (specify) | 1,700                    |  |
| С. | Full Name (Last, First, Middle Initial) BARB BYRUM FOR STATE REPRESENT                                   | ATIVE   |                          | Transaction ID: EXP.B.46556 Date of Disbursement   |
|    | Mailing Address P.O. BOX 27344   |   |                          | $\begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix}$ $\begin{bmatrix} D & D & D \\ 2 & 2 & 0 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$ |
|    | City<br>LANSING  | State Zip Code<br>MI 48909                        |                          | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement  |   | 011                      | 250.00   |
|    | Candidate Name<br>NON-FEDERAL CONTRIBUTION   |   | Category/<br>Type        |  |
|    | Senate President   | ement For: 2008 Primary X General Other (specify) |                          |  |
| Γ  | State: MI District:  |   |                          |  |
| ٤  | SUBTOTAL of Disbursements This Page (optional)   |   | <b>&gt;</b>              | 1000.00  |
| -  | <b>FOTAL</b> This Period (last page this line number only)   |   |                          |  |

|          | CHEDOLE B (I LC I OIIII 3X)   | Use separate schedule(s)                          |       |                   | OR LINE I<br>Leck only |            | <b>ተ</b> :             | LF        | PAGE 2 | 2/1/2        | 281       |
|----------|---|---|-------|-------------------|------------------------|------------|------------------------|-----------|--------|--------------|-----------|
|          | EMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page |       | À                 | 21b 27                 | 22<br>28a  | 23<br>28b              | 24<br>280 |        | 25<br>29     | 26<br>30t |
|          | ny Information copied from such Reports and Statem<br>for commercial purposes, other than using the name<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. POLI | e and address of any political                    | l com | mitt              | ee to soli             | cit contri | butions fr             | om such   |        |              |           |
| <u> </u> | Full Name (Last, First, Middle Initial) BRIAN CALLEY FOR STATE REPRESEN Mailing Address 10198 BUTLER RD.  | TATIVE  |       |                   |                        |            | action ID<br>f Disburs |           |        | 7<br>)       |           |
|          | PÓRTLAND  | State Zip Code<br>MI 48875                        |       |                   |                        | Amour      | nt of Each             | Disburs   |        | this Pe      | eriod     |
|          | Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  |   | Ca    | 01<br>ateg<br>Typ | ory/                   |            |                        |           |        | 30.00        |           |
| _        | Office Sought:  Senate President  State: MI  Disburse   | ement For: 2008 Primary X General Other (specify) |       |                   |                        |            |                        |           |        |              |           |
| 3.       | Full Name (Last, First, Middle Initial) BRUCE CASWELL FOR STATE REPRES  Mailing Address 8940 E. BACON RD.   | ENTATIVE  |       |                   |                        |            | action ID<br>f Disburs |           | V . V  | 8<br>0 0 8 ° | 7         |
|          | City HILLSDALE Purpose of Disbursement Candidate Name   | State Zip Code<br>MI 49242                        |       | 01                | l<br>ory/              | Amour      | nt of Each             | n Disburs |        | this Pe      | eriod     |
|          | NON-FEDERAL CONTRIBUTION  | ement For: 2008 Primary X General Other (specify) |       | Тур               | ,                      |            |                        |           |        |              |           |
| <br>C.   | Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT DAVE HILDENB   |   |       |                   |                        |            | action ID              |           |        | 4<br>) 0 8 \ |           |
|          | Mailing Address 2700 TIMPSON AVE SE  City LOWELL  | State Zip Code<br>MI 49331                        |       |                   |                        | -          | nt of Each             |           |        |              |           |
|          | Purpose of Disbursement  Candidate Name   | WII 49331   |       | 01                |                        |            |                        |           | 50     | 00.00        |           |
|          | NON-FEDERAL CONTRIBUTION  | ement For: 2008 Primary X General                 |       | атед<br>Тур       | e                      |            |                        |           |        |              |           |
|          | President State: MI District:   | Other (specify)                                   |       |                   |                        |            |                        |           |        |              |           |
| s        | SUBTOTAL of Disbursements This Page (optional)  |   |       |                   | <u> </u>               |            |                        |           | 100    | 00.00        |           |
| 1        | OTAL This Period (last page this line number only)  |   |       |                   | •                      |            |                        |           |        |              |           |

| Transaction (D: EXP. B. 4655)  Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee or commercial purpose of soliciting contributions from such committee to solicit contributions from such committee or committee to solicit contributions from such committee to solicit contributions from such committee or committee to solicit contributions from such committee to solicit contributions from such committee to solicit contributions from such committee to solicit contributions from such committee to solicit contributions from such committee to solicit contributions from such committee to solicit contributions from such committee to solicit contributions from such committee to solicit contributions from such committee to solicit contributions from such committee to solicit contributions from such committee to solicit contributions from such committee to solicit contributions from such committee to solicit contributions from such committee to solicit contributions from such contribution |          | CHEDOLE B (I LO I OHII 3X)   | Use separate schedule(s)      | )        |      | R LINE I<br>eck only |           | H:       |        | PAC    | iE 2/2    | 281            |
|---|----------|--|-------------------------------|----------|------|----------------------|-----------|----------|--------|--------|-----------|----------------|
| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (in Full)  MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)  Full Name (Last, First, Middle Initial)  COMMITTEE TO ELECT GRETCHEN WHITMER  Mailing Address P.O. BOX 11063  City State Zip Code MI 48901  Purpose of Disbursement  Other (specify) ▼  Sanate Primary X General Pr |          |  | Detailed Summary Page         |          | À    | 21b 27               | 22<br>28a | 281      | b 📙    | 28c    | χ 29      | 26<br>30       |
| COMMITTEE TO ELECT GRETCHEN WHITMER  Mailing Address P.O. BOX 11063  City State Zip Code MI 48901  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House President Primary X General Primary X General Propose of Disbursement  City State: MI District:  Full Name (Last, First, Middle Initial)  COMMITTEE TO ELECT JOEL SHELTROWN  Mailing Address 2225 GRAY RD.  City WEST BRANCH MI 48661  Purpose of Disbursement  Candidate Name NoN-FEDERAL CONTRIBUTION  Office Sought: House President Disbursement For: 2008  State: MI District:  Transaction ID: EXP. B. 46570  Date of Disbursement Top Source Primary X General Disbursement Top Date of Date of Disbursement Top Date of Date of Disbursement Top Date of  |          | for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) | e and address of any politica | l com    | mitt | ee to soli           | cit contr | ibutions | from s |        |           | 6              |
| LANSING Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate President State: MI District:  City WEST BRANCH MI 48661  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate President State: MI District:  City State Zip Code MI 48661  Purpose of Disbursement  Committee To ELECT JOEL SHELTROWN  Office Sought: House Senate Primary X General Disbursement this Per X General President State: MI District:  Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT KATHY ANGERER  Mailing Address PO BOX 157  City State Zip Code MI 48131  Committee To ELECT KATHY ANGERER  Mailing Address PO BOX 157  City State Zip Code MI 48131  Candidate Name Non-FEDERAL CONTRIBUTION  Office Sought: House Senate Purpose of Disbursement Tor: 2008  City State Zip Code MI 48131  Purpose of Disbursement  Candidate Name Non-FEDERAL CONTRIBUTION  Office Sought: House Senate Purpose of Disbursement Tor: 2008  Purpose of Disbursement  | <u> </u> | COMMITTEE TO ELECT GRETCHEN WH   | IITMER                        |          |      |                      | Date o    | of Disbu | ırseme |        |           | 3 <sup>Y</sup> |
| Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary X General Primary X Gene |          | LANSING  |                               |          |      |                      | Amou      | nt of Ea | ch Dis | bursen |           |                |
| Senate Primary X General Other (specify) ▼  State: MI District:  Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT JOEL SHELTROWN  Mailing Address 2225 GRAY RD.  City WEST BRANCH MI 48661  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary X General  Other (specify) ▼  Amount of Each Disbursement this Per 250.00  Transaction ID: EXP.B.46570 Date of Disbursement this Per 250.00  Amount of Each Disbursement this Per 250.00  Transaction ID: EXP.B.46570 Date of Disbursement this Per 250.00  Transaction ID: EXP.B.46570 Date of Disbursement this Per 250.00  Transaction ID: EXP.B.46570 Date of Disbursement this Per 250.00  Transaction ID: EXP.B.46555 Date of Disbursement ID: EXP.B.46555 D |          | Candidate Name<br>NON-FEDERAL CONTRIBUTION                                     |                               | Ca       | ateg | ory/                 |           |          |        |        | 000.0     |                |
| COMMITTEE TO ELECT JOEL SHELTROWN  Mailing Address 2225 GRAY RD.  City WEST BRANCH Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT KATHY ANGERER  Mailing Address PO BOX 157  City DUNDEE  MI  State MI  State MI  State MI  State MI  State MI  City DUNDEE  MI  Cardidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  City DUNDEE  MI  Cardidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  Condidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  Condidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  Condidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  Category/ Type  Other (specify)  Other (specify)  Other (specify)  | _        | Senate President   | Primary X General             |          |      |                      |           |          |        |        |           |                |
| WÉST BRANCH Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  House Senate President State: MI District:  Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT KATHY ANGERER  Mailing Address PO BOX 157  City DUNDEE MI Assignment  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  House  Mil Assignment  Other (specify)  Amount of Each Disbursement this Per  Amount of Each Disbursement this Per  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary Other (specify)    | 3.       | COMMITTEE TO ELECT JOEL SHELTRO  | wn                            |          |      |                      | Date of   | of Disbu | ırseme |        | · v · v · | 3 Y            |
| NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary General Other (specify) ▼  State: MI District:  Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT KATHY ANGERER  Mailing Address PO BOX 157  City State Zip Code DUNDEE MI 48131  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary General Other (specify) ▼  Other (specify) ▼  Transaction ID: EXP.B.46555 Date of Disbursement  0 4 M / D 2 D / Y 2 0 0 8 Y  Amount of Each Disbursement this Per 250.00  Amount of Each Disbursement this Per 250.00  Office Sought: House Senate Primary General Other (specify) ▼   |          | WÉST BRANCH Purpose of Disbursement  | •                             | -        | -    |                      | Amou      | nt of Ea | ch Dis | bursen |           |                |
| COMMITTEE TO ELECT KATHY ANGERER  Mailing Address PO BOX 157  City State Zip Code DUNDEE MI 48131  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Disbursement For: 2008  Senate Primary X General Other (specify)  President  Date of Disbursement  Amount of Each Disbursement this Per Category/ Type  Office Sought: Other (specify)   Other (specify)   Other (specify)  |          | Office Sought: House Disburse Senate President                                 | Primary X General             |          | Тур  | e                    |           |          |        |        |           |                |
| City State Zip Code DUNDEE MI 48131  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary X General Other (specify) Total Candidate (Senate President)  Disbursement For: 2008  Primary X General Other (specify) Total Candidate (Senate Primary Disbursement)  Other (specify) Total Candidate (Senate Primary Disbursement)  Other (specify) Total Candidate (Senate Primary Disbursement)  Other (specify) Total Candidate (Senate Primary Disbursement)  Other (specify) Total Candidate (Senate Primary Disbursement)  | <br>;.   | ,  | ≣R                            |          |      |                      | Date o    | of Disbu | ırseme |        |           | V              |
| DUNDEE  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  House Senate Primary President  Disbursement For:  2008 Primary X General Other (specify)  Other (specify)  |          | Mailing Address PO BOX 157   |                               |          |      |                      |           | , [      | 22     |        | 2008      | 3              |
| Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  House Senate Primary President  O11  Category/ Type  Other (specify)  Other (specify)  |          |  |                               |          |      |                      | Amou      | nt of Ea | ch Dis | bursen |           |                |
| Office Sought:    House   |          | Candidate Name   |                               | Ca       | ateg | ory/                 | L.        |          |        |        | 250.0     | 00             |
|   |          | Office Sought: House Disburse Senate President                                 | Primary X General             | <u> </u> | , ур |                      |           |          |        |        |           |                |
| SUBTOTAL of Disbursements This Page (optional)  | 5        | SUBTOTAL of Disbursements This Page (optional)                                 |                               |          |      | <u> </u>             |           |          |        |        | 1000.0    | 0              |

| Any Information copied from such Reports and Statements may not be sold or used by any present of the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicitic contributions from such committee.  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)  A.  COMMITTEE TO ELECT MARIE DONIGAN  Mailing Address 612 S. DORCHESTER AVE.  City ROYAL OAK RI Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary Senate Primary Mailing Address  31412 GAY ST.  City ROSEVILLE ROSEVILLE RUSH State MI ABO66  Purpose of Disbursement  Other (specify)  Transaction ID: EXP. B. 46550 Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: EXP. B. 46553 Date of Disbursement this Period  Transaction ID: EXP. B. 46553 Date of Disbursement this Period  Transaction ID: EXP. B. 46553 Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: EXP. B. 46553 Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: EXP. B. 46553 Date of Disbursement this Period  Transaction ID: EXP. B. 46553 Date of Disbursement this Period  Transaction ID: EXP. B. 46553 Date of Disbursement this Period  Other (specify)  Type  Other (specify)  Transaction ID: EXP. B. 46565  Transaction ID: EXP. B. 46565   |                          | CHEDOLE B (I LC I OIIII 3X)  | Use separate schedule(s           | )     |      | OR LINE I<br>Leck only |            | H:       |         | PAC    | ∌E 2/3 | / 281          |
|---|--------------------------|--|-----------------------------------|-------|------|------------------------|------------|----------|---------|--------|--------|----------------|
| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (in Full)  MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)  Full Name (Last, First, Middle Initial)  COMMITTEE TO ELECT MARIE DONIGAN  Mailing Address 612 S. DORCHESTER AVE.  City State Zip Code ROYAL OAK MI 48067  Purpose of Disbursement  Cardidate Name President  Slate: MI District:  Full Name (Last, First, Middle Initial)  COMMITTEE TO ELECT MICHAEL SWITALSKI STATE SENATOR  Mailing Address 31412 GAY ST.  City State Zip Code ROYAL OAK MI 48067  Full Name (Last, First, Middle Initial)  COMMITTEE TO ELECT MICHAEL SWITALSKI STATE SENATOR  Mailing Address 31412 GAY ST.  City State Zip Code ROSEVILLE MI 48066  Purpose of Disbursement  Cardidate Name NON-FEDERAL CONTRIBUTION  Office Sought: President State: MI District:  Transaction ID: EXP.B. 46553  Date of Disbursement  Office Sought: Amount of Each Disbursement this Period  Amount of Each Disbursement  Office Sought: President State: MI District:  Transaction ID: EXP.B. 46565  Date of Disbursement  Office Sought: President State: MI District:  Transaction ID: EXP.B. 46565  Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: EXP.B. 46565  Date of Disbursement this Period  Amount of Each Disbursement this Period  Office Sought: President  Office Sought: President Disbursement  ffice Sought: President Disbursement Office Sought: President Disbursement Office Sought: President Disbursement Office Sought: President Disbursement Office Sought: President Disbursement Office Sought: President Disbursement Office Sought: President Disbursement Office Sought: President Disbursement Office Sought: President Disbursement Office Sought: President Disbursement Office Sought: President Disbursement | <u> </u>                 | EMIZED DISBURSEMENTS   |                                   |       |      | 21b                    | 22         | _        | , 📙     |        |        | 26<br>30       |
| A COMMITTEE TO ELECT MARIE DONIGAN  Mailing Address 612 S. DORCHESTER AVE.  City ROYAL OAK MI 48067  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Purpose of Disbursement  Full Name (Last, First, Middle Initial)  COMMITTEE TO ELECT MICHAEL SWITALSKI STATE SENATOR  City Royal Address 31412 GAY ST.  City Royal Address Siste MI District:  Full Name (Last, First, Middle Initial)  Condidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Periodent House Periodent Middle Initial)  Committee To ELECT ROBERT B. JONES  Mailing Address 3228 W. MICHIGAN AVE.  City KALAMAZOO Siste Zip Code MI 49006  Purpose of Disbursement  Candidate Name Periodent Siste: MI District:  Full Name (Last, First, Middle Initial) Committee To ELECT ROBERT B. JONES  Mailing Address 3228 W. MICHIGAN AVE.  City KALAMAZOO Siste Zip Code MI 49006  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Periodent MI 49006  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Periodent MI 49006  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Periodent MI 49006  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Periodent Periodent Periodent Periodent Non-FEDERAL CONTRIBUTION  Office Sought: House Periodent Periodent Periodent Periodent Periodent Non-FEDERAL CONTRIBUTION  Office Sought: House Periodent Periode |                          | for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)                                   | e and address of any politica     | l com | mitt | ee to soli             | cit contri | butions  | from s  |        |        | s              |
| ROYAL OAK  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary General Primary General Other (specify) ▼  State: MI District: Transaction ID: EXP.B.46553 Date of Disbursement For: 2008  Mailing Address 31412 GAY ST.  City State Zip Code MI 48066  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Disbursement For: 2010 Senate President State: MI District:  Full Name (Last, First, Middle Initial)  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: EXP.B.46553 Date of Disbursement this Period  Amount of Each Disbursement this Period  Candidate Name Non-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: EXP.B.46565 Date of Disbursement this Period  Transaction ID: EXP.B.46565 Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Other (specify) ▼  Amount of Each Disbursement this Period  Other (specify) ▼  Amount of Each Disbursement this Period  Other (specify) ▼  Amount of Each Disbursement this Period  Other (specify) ▼  Amount of Each Disbursement this Period  Other (specify) ▼  Amount of Each Disbursement this Period  Other (specify) ▼  Other (spec | <b>∠</b> _<br><b>A</b> . | COMMITTEE TO ELECT MARIE DONIGA  |                                   |       |      |                        | Date o     | of Disbu | rsemer  |        |        | 8 <sup>Y</sup> |
| Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:   |                          |  |                                   |       |      |                        | Amoui      | nt of Ea | ch Disl | bursen |        |                |
| Mailing Address 31412 GAY ST.  City ROSEVILLE Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT ROBERT B. JONES  Mailing Address 3228 W. MICHIGAN AVE.  City KALAMAZOO Purpose of Disbursement  City KALAMAZOO Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT ROBERT B. JONES  City KALAMAZOO  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  City KALAMAZOO  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  House Senate Primary  General Other (specify)  Other (specify)  Other (specify)  Other (specify)  Other (specify)  Type  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Office Sought:  House Senate Primary General Other (specify)  Other (specify)  Type   |                          | Candidate Name NON-FEDERAL CONTRIBUTION Office Sought:  House Senate President                                   | Primary X General                 | Ca    | ateg | ory/                   |            |          |         |        | 250.0  | 00             |
| RÔSEVILLE Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  | —<br>В.                  | COMMITTEE TO ELECT MICHAEL SWITZ   | ALSKI STATE SENATO                | R     |      |                        | Date o     | f Disbu  | rsemer  |        | V V    | 8 <sup>Y</sup> |
| State: MI District:  Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT ROBERT B. JONES  Mailing Address 3228 W. MICHIGAN AVE.  City State Zip Code KALAMAZOO MI 49006  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary X General Other (specify) Total Control of the Control of |                          | RÓSEVILLE Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Disburse Senate | ement For: 2010 Primary X General | Ca    | ateg | ory/                   | Amoui      | nt of Ea | ch Disl | bursen |        |                |
| KALAMAZOO  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  House Senate President President State: MI  District:  MI  49006  250.00  250.00  Other (specify) Type  Other (specify)  Total   | <br>C.                   | State: MI District: Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT ROBERT B. JON                     | NES                               |       |      |                        | Date o     | f Disbu  | rsemer  | —      |        | 8 <sup>Y</sup> |
| Office Sought:  Senate  President  State: MI  District:  Disbursement For: 2008  Primary   Other (specify) ▼  1000.00   |                          | KÁLAMAZOO Purpose of Disbursement  Candidate Name  |                                   | Ca    | ateg | ory/                   | Amoui      | nt of Ea | ch Disl | bursen |        |                |
| SUBTOTAL of Disbursements This Page (optional)  |                          | Senate President   | Primary X General                 |       | 712  |                        |            |          |         |        |        |                |
|   | s                        | SUBTOTAL of Disbursements This Page (optional)   |                                   |       |      | <u> </u>               |            |          | -       |        | 1000.0 | 0              |

| IT | CHEDULE B (FEC Form 3X)   | Use separate                                      | e schedule(s)                         | _                        | NUMBER: PAGE 274 / 281   |
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|    | EMIZED DISBURSEMENTS  | for each cate<br>Detailed Sun                     | egory of the (                        | (check only              | one)<br>22 23 24 25 2<br>28a 28b 28c x 29  |
|    | / Information copied from such Reports and States   |   |                                       |                          | r the purpose of soliciting contributions  |
| \  | NAME OF COMMITTEE (In Full)   |   | n arry political co                   | or a contract to com-    | on contributions from sacin committee  |
| 2  | MEDCO HEALTH SOLUTIONS INC. POL   | ITICAL ACTIC                                      | ON COMMITT                            | EE (a.k.a. M             | edco Health PAC)   |
|    | Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT TIM MELTON   |   |                                       |                          | Transaction ID: EXP.B.46568 Date of Disbursement   |
|    | Mailing Address 1604 N. STERLING AVI  | Ξ.  |                                       |                          | $ \begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$   |
|    | City<br>PONTIAC   |   | ip Code<br>18340                      |                          | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement   |   | Г                                     | 011                      | 250.00   |
|    | Candidate Name<br>NON-FEDERAL CONTRIBUTION  |   |                                       | Category/<br>Type        |  |
|    | Office Sought: House Disburs Senate President   | ement For: Primary Other (specify                 | 2008<br>X General                     |                          |  |
|    | State: MI District:   |   |                                       |                          |  |
|    | Full Name (Last, First, Middle Initial) FRIENDS FOR JOHN J. GLEASON   |   |                                       |                          | Transaction ID: EXP.B.46545 Date of Disbursement   |
|    | Mailing Address 2617 MACOMBER ST.   |   |                                       |                          | $\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$ |
|    | City<br>FLINT   |   | ip Code<br>18503                      |                          | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement   |   |                                       | 011                      | 250.00   |
|    | Candidate Name NON-FEDERAL CONTRIBUTION   |   |                                       | Category/<br>Type        |  |
|    | Office Sought: House Disburs Senate   | ement For:  | 2010<br>X General                     | 71                       |  |
|    | President   | Other (specify                                    | <i>'</i> ) ▼                          |                          |  |
|    |   | - · ·   | <b>√</b> ) ▼                          |                          | Transaction ID: EXP.B.46569 Date of Disbursement   |
|    | State: MI District: Full Name (Last, First, Middle Initial)   | - · ·   | /) <b>▼</b>                           |                          |  |
|    | State: MI District: Full Name (Last, First, Middle Initial) FRIENDS OF FRED MILLER  | Other (specify  State Zi                          | ip Code<br>18046                      |                          | Date of Disbursement  M 4 M / D 2 D / Y Y Y O 8 Y  Amount of Each Disbursement this Period   |
|    | President State: MI District:  Full Name (Last, First, Middle Initial) FRIENDS OF FRED MILLER  Mailing Address P.O. BOX 46274  City   | Other (specify  State Zi                          | ip Code                               | 011                      | Date of Disbursement  M 4 M / D 2 D / Y Y Y Y 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|    | President State: MI District:  Full Name (Last, First, Middle Initial) FRIENDS OF FRED MILLER  Mailing Address P.O. BOX 46274  City MOUNT CLEMENS   | Other (specify  State Zi                          | ip Code<br>8046                       | 011<br>Category/<br>Type | Date of Disbursement  M 4 M / D 2 D / Y Y Y O 8  Amount of Each Disbursement this Period   |
|    | President State: MI District:  Full Name (Last, First, Middle Initial) FRIENDS OF FRED MILLER  Mailing Address P.O. BOX 46274  City MOUNT CLEMENS  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION                             | Other (specify  State Zi                          | ip Code<br>18046<br>2008<br>X General | Category/                | Date of Disbursement  M 4 M / D 2 D / Y Y Y O 8  Amount of Each Disbursement this Period   |
|    | President State: MI District:  Full Name (Last, First, Middle Initial) FRIENDS OF FRED MILLER  Mailing Address P.O. BOX 46274  City MOUNT CLEMENS Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate | Other (specify  State Zi MI 4  ement For: Primary | ip Code<br>18046<br>2008<br>X General | Category/                | Date of Disbursement  M 4 M / D 2 D / Y Y Y O 8  Amount of Each Disbursement this Period   |

| TEMIZED DISBURSEMENTS    Transaction ID: EXP. B.46   Cardidate Name   NON-FEDERAL CONTRIBUTION   State   Mil Ag433   President   Senate   President   State   Mil Ag433   President   State   Mil Ag605   President   State   | GE 275 / 281    |
|---|-----------------|
| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such cord.  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)  Full Name (Last, First, Middle Initial) FRIENDS OF JOHN PAPPAGEORGE FOR STATE SENATE  Mailing Address 201 TOWNSEND ST., STE. 900  City State Zip Code LANSING MI 49508  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: Priesident Priesident Other (specify) ▼  City State: MI District: District: Pull Name (Last, First, Middle Initial) FRIENDS OF RICHARD HAMMEL  Mailing Address 6343 W. CLOVIS AVE.  City State: MI Obsursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Priesident Other (specify) ▼  City State: MI Obsursement  Candidate Name (Last, First, Middle Initial) FRIENDS OF ROGER KAHN FOR SENATE  Mailing Address P.O. BOX 1627  City State: MI Obsursement  Mailing Address P.O. BOX 1627  City State: MI Obsursement  Candidate Name (Last, First, Middle Initial) FRIENDS OF ROGER KAHN FOR SENATE  Mailing Address P.O. BOX 1627  City State: MI Obsursement  Candidate Name (Last, First, Middle Initial) FRIENDS OF ROGER KAHN FOR SENATE  Mailing Address P.O. BOX 1627  City State: MI Obsursement  Candidate Name (Last, First, Middle Initial) FRIENDS OF ROGER KAHN FOR SENATE  Mailing Address P.O. BOX 1627  City State: MI Obsursement  Office Sought: House Primary General Obsursement  Office Sought: House Primary General Obsursement  Office Sought: House Primary General Obsursement  Office Sought: House Primary General Obsursement  Office Sought: House Primary General Obsursement  Office Sought: House Primary General Obsursement  Office Sought: House Primary General Obsursement  Office Sought: House Primary General Obsursement  Office Sought: House Primary General Obsursement  Office Sought: House President Primary General Obsursement  Office Sought: House Primary General Obsursement For: 2010  Primary General Obsursement  Office Sough | 25<br>X 29      |
| NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)  Full Name (Last, First, Middle Initial) FRIENDS OF JOHN PAPPAGEORGE FOR STATE SENATE  Mailing Address 201 TOWNSEND ST., STE. 900  City State Zip Code LANSING MI 49508  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary General Other (specify) ▼  City State Xip Code MI 49308  Transaction ID: EXP. B. 46  Date of Disbursement  O11  Category' Type  Other (specify) ▼  Transaction ID: EXP. B. 46  Date of Disbursement  O11  Category' Type  Other (specify) ▼  Transaction ID: EXP. B. 46  Date of Disbursement  O11  Category' Type  Other (specify) ▼  Transaction ID: EXP. B. 46  Date of Disbursement  O14   |                 |
| FRIENDS OF JOHN PAPPAGEORGE FOR STATE SENATE  Mailing Address 201 TOWNSEND ST., STE. 900  City State Zip Code MI 49508  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House President John MI 48433  Purpose of Disbursement  City Senate President Other (specify) ▼  Transaction ID: EXP.B.46  Date of Disbursement Torman Amount of Each Disbursement Torman MI 48433  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Primary Ageneral President Other (specify) ▼  Transaction ID: EXP.B.46  Date of Disbursement  Office Sought: Tra |                 |
| City LANSING MI 49508  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary X General Other (specify) ▼  Transaction ID: EXP.B.46 Date of Disbursement  City State: MI District:  City State Zip Code FLUSHING MI 48433  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary X General Other (specify) ▼  Transaction ID: EXP.B.46 Date of Disbursement  Cardidate Name Non-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary X General Other (specify) ▼  Transaction ID: EXP.B.46 Date of Disbursement  O11  Cartegory' Type  Other (specify) ▼  Transaction ID: EXP.B.46 Date of Disbursement  O11  Cartegory' Type  Other (specify) ▼  Transaction ID: EXP.B.46 Date of Disbursement  O4 M   | V V V V         |
| LÂNSING  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary (Seneral President State: MI District:  Full Name (Last, First, Middle Initial) FRIENDS OF RICHARD HAMMEL  Mailing Address 6343 W. CLOVIS AVE.  City State Zip Code MI 48433  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary (Seneral  | 2008            |
| Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate President State: MI District:  Full Name (Last, First, Middle Initial) FRIENDS OF RICHARD HAMMEL  Mailing Address 6343 W. CLOVIS AVE.  City State Zip Code FLUSHING MI 48433  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary X General Disbursement For: 2008 Senate Primary X General Disbursement  Other (specify) ▼  Transaction ID: EXP.B.46 Date of Disbursement  Mailing Address 6343 W. CLOVIS AVE.  City State Zip Code MI 48433  Amount of Each Disbursement  Other (specify) ▼  Transaction ID: EXP.B.46 Date of Disbursement  Other (specify) ▼  Transaction ID: EXP.B.46 Date of Disbursement  Other (specify) ▼  Transaction ID: EXP.B.46 Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement  Other (specify) ▼  Transaction ID: EXP.B.46 Date of Disbursement  Other (specify) ▼  Other (specify) ▼  Other (specify) ▼  Transaction ID: EXP.B.46 Date of Disbursement  Other (specify) ▼  |                 |
| NON-FEDERAL CONTRIBUTION  Office Sought:  | 500.00          |
| Senate President Other (specify) ▼  State: MI District:  Full Name (Last, First, Middle Initial) FRIENDS OF RICHARD HAMMEL  Mailing Address 6343 W. CLOVIS AVE.  City State Zip Code FLUSHING MI 48433  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary X General Other (specify) ▼  State: MI District:  Full Name (Last, First, Middle Initial) FRIENDS OF ROGER KAHN FOR SENATE  Mailing Address P.O. BOX 1627  City State Zip Code Ageneral Other (specify) ▼  Transaction ID: EXP.B.46 Date of Disbursement  Office Sought: Amount of Each Disbursement  Transaction ID: EXP.B.46 Date of Disbursement  Office Sought: Other (specify) ▼  Amount of Each Disbursement  Office Sought: Other (specify) ▼  Amount of Each Disbursement  Office Sought: Other (specify) ▼  Other (specify) ▼  Transaction ID: EXP.B.46 Date of Disbursement  Office Sought: Other (specify) ▼  Amount of Each Disbursement  Office Sought: Other (specify) ▼  Office Sought: Other (specify) ▼  Other (specify) ▼  Other (specify) ▼  |                 |
| Full Name (Last, First, Middle Initial) FRIENDS OF RICHARD HAMMEL  Mailing Address 6343 W. CLOVIS AVE.  City State Zip Code HUSHING MI 48433  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Primary X General Other (specify) ▼  State: MI District:  Full Name (Last, First, Middle Initial) FRIENDS OF ROGER KAHN FOR SENATE  Mailing Address P.O. BOX 1627  City State Zip Code Primary X General Other (specify) ▼  Amount of Each Disbursement  Transaction ID: EXP.B.46 Date of Disbursement  Mailing Address P.O. BOX 1627  Amount of Each Disbursement  Transaction ID: EXP.B.46 Date of Disbursement  Mailing Address P.O. BOX 1627  Amount of Each Disbursement  Mailing Address P.O. BOX 1627  Amount of Each Disbursement  Mailing Address P.O. Box 1627  Amount of Each Disbursement  Other (specify) ▼  Amount of Each Disbursement  Mailing Address P.O. Box 1627  Amount of Each Disbursement  Other (specify) ▼  Other (specify) ▼  |                 |
| FRIENDS OF RICHARD HAMMEL  Mailing Address 6343 W. CLOVIS AVE.  City State Zip Code FLUSHING MI 48433  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary General Other (specify) Type  Full Name (Last, First, Middle Initial) FRIENDS OF ROGER KAHN FOR SENATE  Mailing Address P.O. BOX 1627  City State Zip Code Amount of Each Disbursement  Mailing Address P.O. BOX 1627  City State Zip Code SAGINAW MI 48605  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary X General Other (specify) Type  Other (specify) Type  Amount of Each Disbursement  Other (specify) Type  Amount of Each Disbursement  Other (specify) Type  |                 |
| City State Zip Code FLUSHING Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate President President Other (specify)  Full Name (Last, First, Middle Initial) FRIENDS OF ROGER KAHN FOR SENATE  Mailing Address P.O. BOX 1627  City State Zip Code SAGINAW  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary X General  Other (specify)  Transaction ID: EXP.B.46 Date of Disbursement  Other (specify)  Amount of Each Disbursement  Transaction ID: EXP.B.46 Date of Disbursement  Other (specify)  Type  Office Sought: House Senate Primary X General Other (specify)  Other (specify)  Other (specify)  Other (specify)  Other (specify)  Other (specify)   | 6562            |
| Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary X General Other (specify) ▼  State: MI District:  Full Name (Last, First, Middle Initial) FRIENDS OF ROGER KAHN FOR SENATE  Mailing Address P.O. BOX 1627  City State Zip Code SAGINAW MI 48605  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary X General Other (specify) ▼  Amount of Each Disbursement Category/ Type  Office Sought: House Primary X General Other (specify) ▼  Other (specify) ▼   | 2008            |
| Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary X General Other (specify) ▼  State: MI District:  Full Name (Last, First, Middle Initial) FRIENDS OF ROGER KAHN FOR SENATE  Mailing Address P.O. BOX 1627  City State Zip Code SAGINAW MI 48605  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Disbursement For: 2010  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Disbursement For: 2010  Senate Primary X General Other (specify) ▼  | nent this Perio |
| Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) FRIENDS OF ROGER KAHN FOR SENATE  Mailing Address P.O. BOX 1627  City State Zip Code SAGINAW MI 48605  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary General Other (specify) ▼  Other (specify) ▼  Transaction ID: EXP.B.46 Date of Disbursement  0 11 Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Other (specify) ▼   | 250.00          |
| Senate President Other (specify) ▼  State: MI District:  Full Name (Last, First, Middle Initial) FRIENDS OF ROGER KAHN FOR SENATE  Mailing Address P.O. BOX 1627  City State Zip Code MI 48605  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary X General Other (specify) ▼  Other (specify) ▼  Transaction ID: EXP.B.46  Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement  Other (specify) ▼  Other (specify) ▼  Other (specify) ▼  Other (specify) ▼  |                 |
| FRIENDS OF ROGER KAHN FOR SENATE  Mailing Address P.O. BOX 1627  City State Zip Code SAGINAW MI 48605  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary X General Primary X General Other (specify)  |                 |
| City State Zip Code SAGINAW MI 48605  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate Primary X General President  President  Amount of Each Disbursement  Category/ Type  Other (specify)   Other (specify)  | 6548            |
| SAGINAW  Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  House Senate Primary Primary V General Other (specify)  President  MI 48605  Category/ Type  Disbursement For: 2010 Senate Primary V General Other (specify)   | 2008            |
| Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  House Senate Primary President  Other (specify)  | nent this Perio |
| Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought:  Disbursement For: Senate Primary President  Category/ Type  Category/ Type  Other (specify)  | 500.00          |
| Senate Primary X General President Other (specify) ▼  |                 |
|   |                 |
|   |                 |
| SUBTOTAL of Disbursements This Page (optional)  | 1250.00         |

# SCHEDIII F B (FEC Form 3Y)

|    | SCHEDULE B (FEC FOIII 3X)   | Use separate schedule(s)                           | FOR LINE I               |  |
|----|---|--|--------------------------|--|
|    | ITEMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page  | 21b 27                   | 22 23 24 25 26<br>28a 28b 28c X 29 30b   |
|    | Any Information copied from such Reports and Statem or for commercial purposes, other than using the name |  |                          |  |
|    | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLI  | TICAL ACTION COMMIT                                | TEE (a.k.a. M            | edco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial) GILDA JACOBS FOR SENATE  Mailing Address 8353 HENDRIE BLVD.       |  |                          | Transaction ID: EXP.B.46546 Date of Disbursement   |
|    |   |  |                          |  |
|    | ,   | State Zip Code<br>MI 48070                         |                          | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement   |  | 011                      | 500.00   |
|    | Candidate Name<br>NON-FEDERAL CONTRIBUTION  |  | O11<br>Category/<br>Type |  |
|    | Office Sought: House Disburse Senate President State: MI District:  | ment For: 2010 Primary X General Other (specify) ▼ |                          |  |
|    | Full Name (Last, First, Middle Initial)   |  |                          | Transaction ID: EXP.B.46542  |
| В. | GO MIKE BISHOP  |  |                          | Date of Disbursement   |
|    | Mailing Address 883 GREAT OAK BLVD.   |  |                          | $\begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix}$ $\begin{bmatrix} D & D \\ 2 & 2 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$   |
|    | ,   | State Zip Code<br>MI 48307                         |                          | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION  |  | 011<br>Category/         | 500.00   |
|    |   | ment For: 2010 Primary X General Other (specify)   | Туре                     |  |
| C. | Full Name (Last, First, Middle Initial) HANSEN CLARKE FOR SENATE  |  |                          | Transaction ID: EXP.B.46543 Date of Disbursement   |
|    | Mailing Address P.O. BOX 1821   |  |                          | $\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} Y$ |
|    | ,   | State Zip Code<br>MI 48823                         |                          | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement   |  | 011                      | 500.00   |
|    | Candidate Name<br>NON-FEDERAL CONTRIBUTION  |  | Category/<br>Type        |  |
|    | Office Sought:  Senate President  State: MI  Disburse   | ment For: 2010 Primary X General Other (specify)   |                          |  |
|    | -   |  |                          | 1500.00  |
|    | SUBTOTAL of Disbursements This Page (optional)  |  |                          | 1000.00  |
|    | TOTAL This Period (last page this line number only)   |  | <b>•</b>                 |  |

| SCHEDOLL B (I LO I OHII S  | , l 08       | se separate schedu  |             |           | JR LINE<br>heck onl <sup>,</sup> | _           | H:    |                  | L F       | AGE | 2///              | 281 |
|--|--------------|---|-------------|-----------|----------------------------------|-------------|-------|------------------|-----------|-----|-------------------|-----|
| ITEMIZED DISBURSEMENT  | S for        | r each category of tetailed Summary Pa  |             | Ė         | 21b 27                           | 22<br>28a   | П     | 23<br>28b        | 24<br>280 | ; X | 25<br>29          | 26  |
| Any Information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | the name and | address of any po   | litical con | nmit      | tee to so                        | licit contr | ibuti | ons fro          | m such    |     |                   |     |
| Full Name (Last, First, Middle Initial)  KEVIN GREEN FOR STATE HOU  Mailing Address 4754 KAREL JE  | SE           |   |             |           |                                  | Trans       | acti  | on ID:<br>sburse | EXP.E     |     | 61<br>0 0 8       | Y   |
| City<br>WYOMING  | State<br>MI  | Zip Code<br>49509   |             |           |                                  | Amou        | nt of | Each             | Disburs   | -   | -                 | -   |
| Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION   |              |   | C           | 01<br>ate | gory/                            |             |       |                  |           | 1   | 250.0             | 0   |
| Office Sought:    House   Senate   President     State: MI   District:   |              | t For: 2008<br>nary X Gener (specify) ▼   | eral        | . ,,      |                                  |             |       |                  |           |     |                   |     |
| Full Name (Last, First, Middle Initial)  MARC CORRIVEAU FOR STATE  Mailing Address P.O. BOX 5251   | REPRESEN     | TATIVE  |             |           |                                  | Date        |       | sburse           | EXP.Ement | V V | 59<br>0 ŏ 8       | Y   |
| City NORTHVILLE Purpose of Disbursement  | State<br>MI  | Zip Code<br>48167   |             |           | -                                | Amou        | nt of | Each             | Disburs   |     | t this F<br>250.0 |     |
| Candidate Name NON-FEDERAL CONTRIBUTION  Office Sought: House Senate President State: MI District:   |              | t For: 2008<br>nary X Gener (specify)   |             | 01<br>ate | gory/                            |             |       |                  |           |     |                   |     |
| Full Name (Last, First, Middle Initial)  MARK C. JANSEN FOR STATE S  | ENATE        |   |             |           |                                  | Date        |       | on ID:           | EXP.E     |     |                   | V   |
| Mailing Address 6670 KALAMAZO  | OO AVE., ST  | TE. E 128   |             |           |                                  | 0 4         |       | 2                | 2 '       | 2   | o ŏ 8             |     |
| City<br>GRAND RAPIDS   | State<br>MI  | Zip Code<br>49508   |             |           |                                  | Amou        | nt of | Each             | Disburs   |     | t this F          | -   |
| Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION   |              |   |             | 01<br>ate | gory/                            |             |       | •                |           |     | 300.0             |     |
| Office Sought:  Senate President  State: MI  District:   |              | t For: 2010<br>mary X General General X General | eral        |           |                                  |             |       |                  |           |     |                   |     |
| SUBTOTAL of Disbursements This Page (  | optional)    |   |             |           | <b>•</b>                         |             |       |                  | •         | 10  | 0.00              | 0   |
| TOTAL This Period (last page this line num   |              |   |             |           | •                                |             |       |                  |           |     |                   |     |

# SCHEDIII F B (FEC Form 3Y)

|       | CHEDULE B (FEC FOIII 3X)  | Use separate schedule(s)                           | FOR LINE (check only | NUMBER: PAGE 278 / 281  |
|-------|---|--|----------------------|---|
| П<br> | EMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page  | 21b 27               | 22 23 24 25 26<br>28a 28b 28c X 29 30b  |
|       | ny Information copied from such Reports and Statem for commercial purposes, other than using the name |  |                      |   |
|       | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. POLI   | TICAL ACTION COMMI                                 | TTEE (a.k.a. N       | Medco Health PAC)   |
| А.    | Full Name (Last, First, Middle Initial) MARK MEADOWS FOR STATE REPRESE                                | ENTATIVE   |                      | Transaction ID: EXP.B.46566 Date of Disbursement  |
|       | Mailing Address 244 LEXINGTON AVE.  |  |                      | $\begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix}$ $\begin{bmatrix} D & D & D \\ 2 & 2 & D \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$  |
|       | •   | State Zip Code<br>MI 48823                         |                      | Amount of Each Disbursement this Period   |
|       | Purpose of Disbursement   |  | 011                  | 250.00  |
|       | Candidate Name<br>NON-FEDERAL CONTRIBUTION  |  | Category/<br>Type    |   |
|       | Senate President  | ment For: 2008 Primary X General Other (specify) ▼ |                      |   |
| В.    | State: MI District:  Full Name (Last, First, Middle Initial) PERDUE FOR GOVERNOR                      |  |                      | Transaction ID: EXP.B.46572 Date of Disbursement  |
|       | Mailing Address 1010 VERMONT AVE. N   | W, STE. 814  |                      | $\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} $ |
|       | •   | State Zip Code<br>DC 20005                         |                      | Amount of Each Disbursement this Period   |
|       | Purpose of Disbursement  Candidate Name NON-FEDERAL CONTRIBUTION                                      |  | 011<br>Category/     | 1000.00   |
|       |   | ment For: 2008 Primary X General Other (specify)   | Туре                 |   |
| С.    | Full Name (Last, First, Middle Initial) RANDY RICHARDVILLE FOR SENATE                                 |  |                      | Transaction ID: EXP.B.46551 Date of Disbursement  |
|       | Mailing Address P.O. BOX 1631   |  |                      | $\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} Y$                      |
|       | •   | State Zip Code<br>MI 48162                         |                      | Amount of Each Disbursement this Period   |
|       | Purpose of Disbursement   |  | 011                  | 500.00  |
|       | Candidate Name<br>NON-FEDERAL CONTRIBUTION  |  | Category/<br>Type    |   |
|       | Senate President  | ment For: 2010 Primary X General Other (specify) ▼ |                      |   |
| ſ,    | State: MI District:  SUBTOTAL of Disbursements This Page (optional) .                                 |  |                      | 1750.00   |
|       | TOTAL This Period (last page this line number only)   |  |                      |   |

|          | CHEDULE B (FEC FOIII 3X)   | Use separate schedule(s                           | FOR LIN (check or | IE NUMBER: PAGE 279 / 281                              |
|----------|--|---|-------------------|--|
|          | EMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page | 21b<br>27         | 22 23 24 25 28a 28b 28c X 29                           |
|          | y Information copied from such Reports and Stater<br>for commercial purposes, other than using the nam |   |                   |  |
|          | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL  |   |                   |  |
| <u> </u> | Full Name (Last, First, Middle Initial) REBEKAH WARREN FOR STATE REPR                                  | ESENTATIVE  |                   | Transaction ID: EXP.B.46571 Date of Disbursement       |
|          | Mailing Address 234 EIGHTH ST.   |   |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$  |
|          | City<br>ANN ARBOR  | State Zip Code<br>MI 48103                        |                   | Amount of Each Disbursement this Period                |
|          | Purpose of Disbursement  |   | 011               | 250.00   |
|          | Candidate Name<br>NON-FEDERAL CONTRIBUTION   |   | Category/<br>Type |  |
|          | Senate President   | ement For: 2008 Primary X General Other (specify) | •                 |  |
|          | State: MI District: Full Name (Last, First, Middle Initial)  |   |                   | Transaction ID: EXP.B.46563                            |
|          | TED HAMMON FOR STATE REPRESEN  | TATIVE  |                   | Date of Disbursement                                   |
|          | Mailing Address 3240 EASTGATE ST.  |   |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$  |
|          | City<br>BURTON   | State Zip Code MI 48519                           |                   | Amount of Each Disbursement this Period                |
|          | Purpose of Disbursement  |   | 011               | 250.00   |
|          | Candidate Name<br>NON-FEDERAL CONTRIBUTION   |   | Category/<br>Type |  |
|          | Office Sought: House Senate President State: MI District:  | ement For: 2008 Primary X General Other (specify) | •                 |  |
|          | Full Name (Last, First, Middle Initial) TOM GEORGE FOR STATE SENATE                                    |   |                   | Transaction ID: EXP.B.46544 Date of Disbursement       |
|          | Mailing Address P.O. BOX 1265  |   |                   | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
|          | City<br>PORTAGE  | State Zip Code<br>MI 49081                        |                   | Amount of Each Disbursement this Period                |
|          | Purpose of Disbursement  |   | 011               | 500.00   |
|          | Candidate Name<br>NON-FEDERAL CONTRIBUTION   |   | Category/<br>Type |  |
|          | Senate   | ement For: 2010 Primary X General Other (specify) | 1                 | _  |
|          | State: MI District:  | Other (specify)                                   |                   |  |

A.

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                           | FOR LINE NUMBE                  | R: PAGE 280 / 281                         |
|---|--|---------------------------------|---|
| ITEMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page     | (check only one)  21b 22 27 28a | 23 24 25 26<br>28b 28c X 29 30b           |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | ,  |                                 | , ,                                       |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITIONS   | FICAL ACTION COMMITTE                              | EE (a.k.a. Medco H              | lealth PAC)                               |
| Full Name (Last, First, Middle Initial) WAYNE KUIPERS FOR STATE SENATE  Mailing Address 364 W. 31ST ST.   |  | Date of                         | action ID: EXP.B.46549 of Disbursement  A |
|   | State Zip Code<br>MI 49423                         | Amou                            | nt of Each Disbursement this Period       |
| Purpose of Disbursement   |  | 011                             | 500.00                                    |
| Candidate Name<br>NON-FEDERAL CONTRIBUTION  | C  | Category/<br>Type               |   |
| Office Sought: House Disburser Senate President State: MI District:                                       | ment For: 2010 Primary X General Other (specify) ▼ |                                 |   |

| SUBTOTAL of Disbursements This Page (optional)      | <b>•</b> | 500.00   |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | <u> </u> | 11750.00 |

### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

PAGE 281 / 281 FOR LINE N

| FOR LINE NUMBER: |   |    |
|------------------|---|----|
| (check only one) |   | 9  |
|                  | Х | 10 |

Excludin

| MEDCO HEALTH SOLUTIONS INC. | POLITICAL ACTION COMMITTEE   | (a k.a. Modoo Hoalth PAC) |
|-----------------------------|------------------------------|---------------------------|
| MEDGO HEALTH SOLUTIONS INC. | FOLITICAL ACTION COMMINITIES | (a.k.a. Medco nealth FAC) |

| Excluding Loans  | nu  | X 10   |
|--|---|--|
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITICA   | AL ACTION COMMITTEE (a.k.a. N               | edco Health PAC)                                     |
| A. Full Name (Last, First, Middle Initial) of Debtor of NIELSEN, MERKSAMER, PARRINELLO, M                                      | Nature of Debt (Purpose):<br>LEGAL SERVICES |  |
| Mailing Address 591 REDWOOD HIGHWAY  | ., BLDG. 4000                               |  |
| City State MILL VALLEY CA  | ZIP Code<br>94941                           |  |
| Outstanding Balance Beginning This Period  |   | Transaction ID: PAY:D:46541                          |
| 1317.15  |   |  |
| Amount Incurred This Period  | Payment This Period                         | Outstanding Balance at Close of This Period          |
| 0.00   | 1317.15                                     | 0.00   |
| B. Full Name (Last, First, Middle Initial) of Debtor of NIELSEN, MERKSAMER, PARRINELLO, M  Mailing Address 591 REDWOOD HIGHWAY | UELLER, & NAYLOR, LLP                       | Nature of Debt (Purpose):<br>LEGAL & ACCOUNTING FEES |
| City State   | ZIP Code                                    | -  |
| MILL VALLEY CA   | 94941                                       |  |
| Outstanding Balance Beginning This Period 0.00   |   | Transaction ID: PAY:D:47567                          |
| Amount Incurred This Period  | Payment This Period                         | Outstanding Balance at Close of This Period          |
| 1919.23  | 0.00  | 1919.23  |
|  |   |  |
| 1) SUBTOTALS This Period This Page (optional)  |   | 1919.23  |
| 2) TOTALS This Period (last page this line number or   | ly)   | 1919.23  |
| 3) TOTAL OUTSTANDING LOANS from Schedule   | C (last page only)                          | 0.00   |
| 4) ADD 2) and 3) and carry forward to appropriate lin  | e of Summary Page (last page only)          | 1919.23  |